FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000263 (4)

1. Corporation Name

NEWTOWN DAY NURSERY OF SARASOTA INC.

Principal Place of Business	Mailing Address
P O BOX 3365 SARASOTA FL 34230	P O BOX 3365 SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1993	3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-0785717 Correct	Applied For / Not Applicable
5. Certificate of Status Desired [X]	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X]	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes [X] No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GIERHART, CHARLES A CPA 100 WALLACE AV SUITE 360 SARASOTA FL 34230	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	[ ] Change [ ] Addition
NAME	STANDIFER, RUBY A.	1.2 NAME	
STREET ADDRESS	PO BOX 2012	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL N/A	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	[ ] Change [ ] Addition
NAME	SHEFFIELD, WILLIE MAE	2.2 NAME	
STREET ADDRESS	2745 21ST ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	[ ] Change [ ] Addition
NAME	HARVEY, NATHANIEL	3.2 NAME	
STREET ADDRESS	2801 NO LINKS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	Secretary [X] Change [ ] Addition
NAME	~~FOULKS, MARIA~~	4.2 NAME	Eula T. Bacon
STREET ADDRESS	~~2933 CHURCH AVE~~	4.3 STREET ADDRESS	1645 23rd Street
CITY-ST-ZIP	~~SARASOTA FL~~	4.4 CITY-ST-ZIP	Sarasota, FL 34234
TITLE	D	5.1 TITLE	Treasurer [ ] Change [X] Addition
NAME	STEPHENS, CARL LEE	5.2 NAME	Wesley Jackson
STREET ADDRESS	3228 NO GOODRICH AVE	5.3 STREET ADDRESS	2819 No Osprey Avenue
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Sarasota, Florida
TITLE	D	6.1 TITLE	[ ] Change [ ] Addition
NAME	SPIRES, RUTH	6.2 NAME	
STREET ADDRESS	P O BOX 2213	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34230 N/A	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymell B. Grimes D [signature] Executive Director 3/23/95 813-355-4984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0063179