

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
Secretary of State  
DIVISION OF CORPORATIONS**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 34230-3365**3. Date Incorporated or Qualified  
**01/19/1993**3a. Date of Last Report  
**02/27/1996**

2. Principal Place of Business

2a. Mailing Address

**21 1729 33rd Street****26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Sarasota, FL****27**

City &amp; State

City &amp; State

**23 Sarasota, FL****28**

Zip

Zip

**24 34234**

Country

Country

**25 Sarasota****29**

Country

4. FEI Number  
**59-0785717**Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIERHART, CHARLES A CPA  
100 WALLACE AV  
SUITE 300  
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 617.0502 and 617.1508, 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 617.0503, 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** ☐ DELETE  
NAME **STANDIFER, RUBY A.**  
STREET ADDRESS **PO BOX 2012**  
CITY - ST - ZIP **SARASOTA FL**1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME **Standifer, Ruby**  
1.3 STREET ADDRESS **2725 N Orange Avenue**  
1.4 CITY - ST - ZIP **Sarasota, FL 34234**TITLE **VP** ☐ DELETE  
NAME **SHEFFIELD, WILLIE MAE**  
STREET ADDRESS **2745 21ST ST.**  
CITY - ST - ZIP **SARASOTA FL**2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE **D** ☐ DELETE  
NAME **HARVEY, NATHANIEL**  
STREET ADDRESS **2801 NO LINKS AVE.**  
CITY - ST - ZIP **SARASOTA FL**3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE **SEC** ☐ DELETE  
NAME **BACON, EULA T**  
STREET ADDRESS **1645 23RD STREET**  
CITY - ST - ZIP **SARASOTA FL**4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE **TRES** ☐ DELETE  
NAME **JACKSON, LESSIE**  
STREET ADDRESS **2819 NO OSPREY AVENUE**  
CITY - ST - ZIP **SARASOTA FL**5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE **D** ☐ DELETE  
NAME **SPIRES, RUTH**  
STREET ADDRESS **P O BOX 2213**  
CITY - ST - ZIP **SARASOTA FL**6.1 TITLE **D** ☒ Change ☐ Addition  
6.2 NAME **Spires, Ruth**  
6.3 STREET ADDRESS **2956 Noble Avenue**  
6.4 CITY - ST - ZIP **Sarasota, FL 34234**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Sandra B. Northam**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Sandra B. Northam, Director**

3/3/97

941-355-4984

CR2E037 (9/96)