

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N93000000263 (4)
1. Corporation Name

NEWTOWN DAY NURSERY OF SARASOTA INC.



Principal Place of Business: P O BOX 3365 SARASOTA FL 34230
Mailing Address: 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: 21 1729 33rd Street, Suite, Apt # etc. Sarasota, FL
22 City & State: Sarasota, FL
23 Zip: 34234, Country: Sarasota
24 25 29 30

4. FEI Number: 59-0785717
Applied For: Not Applicable
5. 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: GIERHART, CHARLES A CPA, 100 WALLACE AV, SUITE 300, SARASOTA FL 34230

10. Name and Address of New Registered Agent: 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
TITLE: P, NAME: STANDIFER, RUBY A., STREET ADDRESS: PO BOX 2012, CITY-ST-ZIP: SARASOTA FL
TITLE: VP, NAME: SHEFFIELD, WILLIE MAE, STREET ADDRESS: 2745 21ST ST., CITY-ST-ZIP: SARASOTA FL
TITLE: D, NAME: HARVEY, NATHANIEL, STREET ADDRESS: 2801 NO LINKS AVE., CITY-ST-ZIP: SARASOTA FL
TITLE: SEC, NAME: BACON, EULA T, STREET ADDRESS: 1645 23RD STREET, CITY-ST-ZIP: SARASOTA FL
TITLE: TRES, NAME: JACKSON, LESSIE, STREET ADDRESS: 2819 NO OSPREY AVENUE, CITY-ST-ZIP: SARASOTA FL
TITLE: D, NAME: SPIRES, RUTH, STREET ADDRESS: P O BOX 2213, CITY-ST-ZIP: SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: P, NAME: Standifer, Ruby, STREET ADDRESS: 2725 N Orange Avenue, CITY-ST-ZIP: Sarasota, FL 34234
2.1 TITLE: Change, 2.2 NAME: Addition
3.1 TITLE: Change, 3.2 NAME: Addition
4.1 TITLE: Change, 4.2 NAME: Addition
5.1 TITLE: Change, 5.2 NAME: Addition
6.1 TITLE: Change, 6.2 NAME: Addition, NAME: Spires, Ruth, STREET ADDRESS: 2956 Noble Avenue, 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 as an attachment with an address.

SIGNATURE: Sandra B. Mortham, Secretary of State, 3/3/97, 941-355-4984

CR2E037 (9/96)