


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 16 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000000263 (4)**  
 1. Corporation Name  
**NEWTOWN DAY NURSERY OF SARASOTA INC.**



Principal Place of Business <b>1729 33RD STREET SARASOTA FL 34234 US</b>	Mailing Address <b>P O BOX 3365 SARASOTA FL 34230</b>
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3. Date Incorporated or Qualified <b>01/19/1993</b>	
4. FEI Number <b>59-0785717</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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**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	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>STANDIFER, RUBY A.</b>
STREET ADDRESS	<b>2725 N. ORANGE AVE.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>SHEFFIELD, WILLIE MAE</b>
STREET ADDRESS	<b>2745 21ST ST.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HARVEY, NATHANIEL</b>
STREET ADDRESS	<b>2801 NO LINKS AVE.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>SEC</b> <input type="checkbox"/> DELETE
NAME	<b>BACON, EULA T</b>
STREET ADDRESS	<b>1645 23RD STREET</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>TRES</b> <input type="checkbox"/> DELETE
NAME	<b>JACKSON, LESSIE</b>
STREET ADDRESS	<b>2819 NO OSPREY AVENUE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SPIRES, RUTH</b>
STREET ADDRESS	<b>2956 NOBLE AVE.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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. Mortham 3-4-98 941-355-4984

CR2E037 (10/97)