


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90036 041 ****61.25

DOCUMENT # N93000000263					
1. Entity Name HELEN R. PAYNE DAY NURSERY, INC.					
Principal Place of Business 1729 33RD STREET SARASOTA, FL 34234 US			Mailing Address P O BOX 3365 SARASOTA, FL 34230		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0785717	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GIERHART, CHARLES A CPA 100 WALLACE AV SUITE 260 SARASOTA, FL 34230			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code 34237		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATKINS, BRIAN		NAME	MAULTSBY, ANITA	
STREET ADDRESS	2115 NO. TUTTLE AVE.		STREET ADDRESS	P O BOX 174	
CITY-ST-ZIP	SARASOTA, FL 34234		CITY-ST-ZIP	TALLEVAST, FL 34270	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, ALLEAN		NAME	PEARCY, MAE	
STREET ADDRESS	1570 22ND ST.		STREET ADDRESS	1009 13TH ST E	
CITY-ST-ZIP	SARASOTA, FL 34234		CITY-ST-ZIP	BRADENTON, FL 34208	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREDERICK, LEATHA		NAME	BATTIE, HENRY	
STREET ADDRESS	PO BOX 9054		STREET ADDRESS	1825 EDGEWATER DR	
CITY-ST-ZIP	SARASOTA, FL 34278		CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAPPY, DIANE		NAME	ARMSTRONG, GLORIA	
STREET ADDRESS	4320 CENTER POINTE LANE		STREET ADDRESS	1609 CENTRAL AVE	
CITY-ST-ZIP	SARASOTA, FL 34234		CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	ED	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, RAYMELL B		NAME		
STREET ADDRESS	1580 28TH ST.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34234		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIRES, RUTH		NAME		
STREET ADDRESS	2956 NOBLE AVE.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP		



02122004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-0785717

Applied For
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CITY-ST-ZIP	SARASOTA, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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CITY-ST-ZIP	TALLEVAST, FL 34270	
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gloria Armstrong - Gloria Armstrong
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/16/04

(941) X355-4984
 Daytime Phone #