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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N94000006072 (2)  
1. Corporation Name  
JEFFERSON STREET BABY LAND, INC.



Principal Place of Business Mailing Address  
328 JEFFERSON STREET DAYTONA BEACH FL 32114 US  
328 JEFFERSON STREET DAYTONA BEACH FL 32114 US

3. Date Incorporated or Qualified  
12/12/1994  
4. FEI Number  
59-3259331  
Applied For Not Applicable

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

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
MOORE, REGINALD E  
559 DR MARY MCLEAD BETHUNE BLVD  
DAYTONA BEACH FL 32114

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> DELETE |
| NAME           | COLLINS, JUANITA D     |                                 |
| STREET ADDRESS | 216 GEORGETOWNE BLVD   |                                 |
| CITY-ST-ZIP    | DAYTONA BEACH FL 32119 |                                 |
| TITLE          | VPD                    | <input type="checkbox"/> DELETE |
| NAME           | MOORE, GWENDOLYN W     |                                 |
| STREET ADDRESS | 204 KEECH STREET       |                                 |
| CITY-ST-ZIP    | DAYTONA BEACH FL 32114 |                                 |
| TITLE          | SD                     | <input type="checkbox"/> DELETE |
| NAME           | HOLLOWAY, RENEE        |                                 |
| STREET ADDRESS | 1200 BEVILLE RD        |                                 |
| CITY-ST-ZIP    | DAYTONA BEACH FL 32115 |                                 |
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | BYMES, TAMILA          |                                 |
| STREET ADDRESS | 902 MILLARD COURT      |                                 |
| CITY-ST-ZIP    | DAYTONA BEACH FL 32117 |                                 |
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | TODMAN, DEBRA E        |                                 |
| STREET ADDRESS | 1604 WOODEREST DR      |                                 |
| CITY-ST-ZIP    | DAYTONA BEACH FL 32119 |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                         |   |
|--------------------|-------------------------|---|
| 1.1 TITLE          | PD                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Earlene Malone          |   |
| 1.3 STREET ADDRESS | 34 Jefferson St.        |   |
| 1.4 CITY-ST-ZIP    | Daytona Beach FL 32114  |   |
| 2.1 TITLE          | VPD                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | BIAS, Shirley L         |   |
| 2.3 STREET ADDRESS | 214 1/2 COLLOGE PK. DE. |   |
| 2.4 CITY-ST-ZIP    | Daytona Beach Fla 32124 |   |
| 3.1 TITLE          | SD                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | KNIGHT JANE S.          |   |
| 3.3 STREET ADDRESS | 875 DERBYSHIRE TR #100  |   |
| 3.4 CITY-ST-ZIP    | DAYTONA BEACH, FL 32117 |   |
| 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: Juanita D. Collins, President 1-14-98 761-8605  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0002049

CR2E037 (10/97)