


FILE NOW: FILING FEE IS \$61.25

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90074 001 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000006072

1. Corporation Name
JEFFERSON STREET BABY LAND, INC.

Principal Place of Business 328 JEFFERSON STREET DAYTONA BEACH FL 32114 US	Mailing Address 328 JEFFERSON STREET DAYTONA BEACH FL 32114 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/12/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3259331
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLLINS, JUANITA D		1.2 NAME	
STREET ADDRESS 216 GEORGETOWNE BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP DAYTONA BEACH FL 32119		1.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOORE, GWENDOLYN W		2.2 NAME	
STREET ADDRESS 204 KEECH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP DAYTONA BEACH FL 32114		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLLOWAY, RENEE		3.2 NAME	
STREET ADDRESS 1200 BEVILLE RD		3.3 STREET ADDRESS	
CITY-ST-ZIP DAYTONA BEACH FL 32115		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BYMES, TAMILA		4.2 NAME	
STREET ADDRESS 902 MILLARD COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP DAYTONA BEACH FL 32117		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TODMAN, DEBRA E		5.2 NAME	
STREET ADDRESS 1604 WOODEREST DR		5.3 STREET ADDRESS	
CITY-ST-ZIP DAYTONA BEACH FL 32119		5.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MALONE, EARLENE		6.2 NAME	
STREET ADDRESS 341 JEFFERSON ST		6.3 STREET ADDRESS	
CITY-ST-ZIP DAYTONA BEACH FL 32114		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, with all other like empowered.

SIGNATURE: EARLENE MALONE DATE: Feb. 22, 1999 DAYTIME PHONE #: 258-7714(904)

CR2E037 (11/98)