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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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**



194164 - 90074 - 6 4 *

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/12/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3259331

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, REGINALD E
559 DR MARY MCLEAD BETHUNE BLVD
DAYTONA BEACH FL 32114**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **COLLINS, JUANITA D**
STREET ADDRESS **216 GEORGETOWNE BLVD**
CITY-ST-ZIP **DAYTONA BEACH FL 32119**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE
NAME **MOORE, GWENDOLYN W**
STREET ADDRESS **204 KEECH STREET**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **HOLLOWAY, RENEE**
STREET ADDRESS **1200 BEVILLE RD**
CITY-ST-ZIP **DAYTONA BEACH FL 32115**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BYMES, TAMILA**
STREET ADDRESS **902 MILLARD COURT**
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **TODMAN, DEBRA E**
STREET ADDRESS **1604 WOODEST DR**
CITY-ST-ZIP **DAYTONA BEACH FL 32119**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **MALONE, EARLENE**
STREET ADDRESS **341 JEFFERSON ST**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED EARLENE MALONE

Feb. 22, 1999

258-7714 (904)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)