
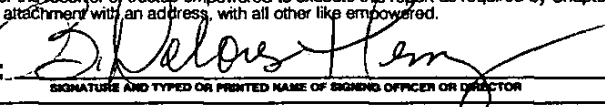


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

08-18-2005 90003 039 \*\*\*\*61.25

<b>DOCUMENT # N95000002801</b> 1. Entity Name <b>PEACHES-NA-BASKET ADULT DAY CARE CENTER, INC.</b>					
Principal Place of Business <b>2040 SOUTEL DR JACKSONVILLE, FL 32208</b>			Mailing Address <b>2040 SOUTEL DR JACKSONVILLE, FL 32208</b>		
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 <b>59-3276551</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD FLEMMING, BERTHA D</b> <input type="checkbox"/> Delete <b>2040 SOUTEL DR JACKSONVILLE, FL 32208</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PORTER, KATHRYN</b> <input checked="" type="checkbox"/> Delete <b>2040 SOUTEL DR JACKSONVILLE, FL 32208</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Kay F. Fullwood</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2040 Soutel Drive Jacksonville, FL 32208</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALBERTIE, ALDOPHUS JR</b> <input checked="" type="checkbox"/> Delete <b>2040 SOUTEL DR JACKSONVILLE, FL 32208</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Cheryl Hall</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2040 Soutel Drive Jacksonville, FL 32208</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					