FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

96 AUG 29 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004097

1. Corporation Name

SPRINGHILL COMMUNITY CHILDCARE CENTER, INC.

Principal Place of Business	Mailing Address
1725 S.E 8th AVENUE GAINESVILLE, FLORIDA 32641	P.O 13 GAINESVILLE, FLORIDA 32602

3. Date Incorporated or Qualified: ✓

3a. Date of Last Report: 8-25-96

2. Principal Place of Business	2a. Mailing Address
21 1725 S.E. 8th AVENUE	26 P.O. BOX 13
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 GAINESVILLE, FLORIDA	28 GAINESVILLE, FLORIDA
24 Zip 32641 / 25 Country ALACHUA	29 Zip 32641 / 30 Country ALACHUA

4. FEI Number: 59-3327139 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

Shell Arthur R. Sr
502 N.W. 75 St. #10
Gainesville Fl. 32607-05

10. Name and Address of New Registered Agent

81 Name: MRS. PRINCIE MIKEL
82 Street Address (P.O. Box Number is Not Acceptable): 4210 S.E. 14TH TERRACE 32641
83
84 City: GAINESVILLE 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: Princie J. Mikel — Princie J. Mikel — 8/20/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHAIRMAN MARIE ALLEN 805 N.E. 24th TERRACE GAINESVILLE, FLORIDA 32641 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VICE CHAIRMAN SAMUEL GADDY 3010 N.W 170th STREET NEWBERRY, FLORIDA 32669 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition 400001941764 09/09/96--01007--012 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TREASURER LEON MORRIS 1003 S.E.11TH AVENUE GAINESVILLE, FLORIDA 32641 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIRECTOR MARTHA MILLER 2414 S.E. 13th Street Gainesville, Florida 32601 ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Martha Miller — Martha Miller — 8-1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone