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: 1725 S.E 8th AVENUE, GAINESVILLE, FLORIDA 32641

Mailing Address: P.O 13, GAINESVILLE, FLORIDA 32602

3. Date Incorporated or Qualified: ✓

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

2. Principal Place of Business — 21: 1725 S.E. 8th AVENUE; 22: Suite, Apt #, etc.; 23: GAINESVILLE, FLORIDA; 24: Zip 32641; 25: Country ALACHUA

2a. Mailing Address — 26: P.O. BOX 13; 27: Suite, Apt #, etc.; 28: GAINESVILLE, FLORIDA; 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. Jr
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

Title	Name	Street Address	City-St-Zip	Delete
T	CHAIRMAN MARIE ALLEN	805 N.E. 24th TERRACE	GAINESVILLE, FLORIDA 32641	☐
T	VICE CHAIRMAN SAMUEL GADDY	3010 N.W 170th STREET	NEWBERRY, FLORIDA 32669	☐
T	TREASURER LEON MORRIS	1003 S.E.11TH AVENUE	GAINESVILLE, FLORIDA 32641	☐
D	DIRECTOR MARTHA MILLER	2414 S.E. 13th Street	Gainesville, Florida 32601	☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City-St-Zip	Change / Addition
1.1	1.2	1.3	1.4	☐ / ☐
2.1	2.2	2.3	2.4	☐ / ☐
3.1	3.2	3.3	3.4	☐ / ☐
4.1	4.2	4.3	4.4	☐ / ☐
5.1	5.2	5.3	5.4	☐ / ☐
6.1	6.2	6.3	6.4	☐ / ☐

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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)(k), 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 — Date of Birth

CR2E037 (12/95)