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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000004097 (0)			
1. Corporation Name SPRINGHILL COMMUNITY CHILDCARE CENTER, INC.			
Principal Place of Business 1725 S.E. 8TH AVENUE GAINESVILLE FL 32641		Mailing Address P.O. BOX 13 GAINESVILLE FL 32602-0013	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MIKEL, PRINCIE 4210 S.E. 14TH TERRACE GAINESVILLE FL 32641		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: <i>Princie J. Mikel</i> <i>Princie J. Mikel</i> DATE: <i>3/20/97</i>			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE T NAME MORRIS, LEON STREET ADDRESS 1003 SE 11TH AVE CITY-ST-ZIP GAINESVILLE FL 32601		1.1 TITLE Tr 1.2 NAME FELTS, Bobby 1.3 STREET ADDRESS 6702 N.W. 24TH TERRACE 1.4 CITY-ST-ZIP GAINESVILLE, FLORIDA 32601	
TITLE T NAME ALLEN, MARIE J STREET ADDRESS 805 NE 24TH TERR CITY-ST-ZIP GAINESVILLE FL 32641		2.1 TITLE Tr 2.2 NAME DANIELS, EASTHER 2.3 STREET ADDRESS 830 N.W. 7th AVENUE 2.4 CITY-ST-ZIP GAINESVILLE, FLORIDA 32601	
TITLE VP NAME GADDY, SAMUEL STREET ADDRESS 3010 NW 170TH ST CITY-ST-ZIP NEWBERRY FL 32669		3.1 TITLE Tr 3.2 NAME REX. JAMES A. HILL 3.3 STREET ADDRESS 908 S.E. 19th STREET 3.4 CITY-ST-ZIP GAINESVILLE, FLORIDA 32601	
TITLE D NAME MILLER, MARTHA STREET ADDRESS 2414 S.E. 13TH STREET CITY-ST-ZIP GAINESVILLE FL 32601		4.1 TITLE Tr 4.2 NAME Virgie Pafford 4.3 STREET ADDRESS 2254 N.W. 15th AVENUE 4.4 CITY-ST-ZIP GAINESVILLE, FLORIDA 32601	
TITLE S/Tr NAME MIKEL, PRINCIE STREET ADDRESS 4210 S.E. 14th TERRACE CITY-ST-ZIP GAINESVILLE, FLORIDA 32641		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE Tr NAME LAWSON, ELLA STREET ADDRESS 2317 S.W. 91st STREET CITY-ST-ZIP GAINESVILLE, FLORIDA 32602		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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.			
SIGNATURE: <i>Martha Miller</i> <i>Martha Miller</i> DATE: <i>3-21-97</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E037 (9/96)