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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32641
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 08/25/1995
4. FEI Number 59-3327139
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MIKEL, PRINCIE
4210 S.E. 14TH TERRACE
GAINESVILLE FL 32641**

10. Name and Address of New Registered Agent

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 *Princie J. Mikel* *Princie J. Mikel* **2/9/98**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	MORRIS, LEON	
STREET ADDRESS	1003 SE 11TH AVE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ALLEN, MARIE J	
STREET ADDRESS	805 NE 24TH TERR	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GADDY, SAMUEL	
STREET ADDRESS	3010 NW 170TH ST	
CITY - ST - ZIP	NEWBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, MARTHA	
STREET ADDRESS	2414 S.E. 13TH STREET	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MIKEL, PRINCIE MIKEL, PRINCIE	
STREET ADDRESS	4210 S.E. 14TH TERR.	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LAWSON, ELLA	
STREET ADDRESS	2317 S.W. 91ST STREET	
CITY - ST - ZIP	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Tr	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FELTS, BOBBY	
1.3 STREET ADDRESS	6702 71. W. 3TH TERRACE	
1.4 CITY - ST - ZIP	GAINESVILLE, FLORIDA 32601	
2.1 TITLE	Tr	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DANIELS, EASTHER	
2.3 STREET ADDRESS	830 N.W. 7TH AVENUE	
2.4 CITY - ST - ZIP	GAINESVILLE, FLORIDA 32601	
3.1 TITLE	Tr	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rev. JAMES A. HILL	
3.3 STREET ADDRESS	908 S.E. 19TH STREET	
3.4 CITY - ST - ZIP	GAINESVILLE, FLORIDA 32601	
4.1 TITLE	Tr	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VIRGIE PAFFORD	
4.3 STREET ADDRESS	2254 N.W. 15TH AVENUE	
4.4 CITY - ST - ZIP	GAINESVILLE, FLORIDA	
5.1 TITLE	JUDGE, JOSEPH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	1901 N.E. SECOND STREET	
5.3 STREET ADDRESS	GAINESVILLE, FLORIDA 32609	
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *martha miller* *martha miller* **2-9-98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (1097)