

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90107 048 \*\*\*\*61.25

0011081

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000004097**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

08/25/1995

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Princie Mikel*  
2-16-99

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	
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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FELTS, BOBBY	
1.3 STREET ADDRESS	6702 NW 27th Terrace	
1.4 CITY-ST-ZIP	Gainesville, FL 32601	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HILL, JAMES A. (REV.)	
2.3 STREET ADDRESS	908 SE 19th Street	
2.4 CITY-ST-ZIP	Gainesville, FL 32601	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PAFFORD, Virgie	
3.3 STREET ADDRESS	2254 NW 15th Avenue	
3.4 CITY-ST-ZIP	Gainesville, FL 32601	
4.1 TITLE	JUDGE, Joseph	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	1901 NE 2nd Street	
4.3 STREET ADDRESS	Gainesville, FL 32609	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *MAURITIA M. WILKINS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-99

352-377-5759

CR2E037 (1/98)