

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

DOCUMENT # N95000004150 (7)

1. Corporation Name

PAOLA WOODS DAY CARE, INCORPORATED

Principal Place of Business

5680 WAYSIDE DR  
SANFORD FL 32771

Mailing Address

5680 WAYSIDE DR  
SANFORD FL 32771

FILED

96 OCT 21 PM 2:57

SECRETARY OF STATE



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ADAMS, CLARK  
930 N UNION CIRCLE  
DELTONA FL 32725

3. Date Incorporated or Qualified

06/28/1995

3a. Date of Last Report

Applied For

Not Applicable

4. FEI Number

59-3340040

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box address is not acceptable)

800001890242--6

-10/30/96--01045--008

83

\*\*\*\*\*61.25 \*\*\*\*\*61.25

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

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ADAMS, CLARK  
930 N UNION CIR  
DELTONA FL 32725

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RAAB, LINDA  
171 PINECREST DR  
SANFORD FL 32771

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COFFMAN, STEVE  
904 W 22ND ST  
SANFORD FL 32771

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ADAMS, JUNE  
1543 DRYATON AVE  
DELTONA FL 32725

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ASHTON, WENDY  
711 BEVER RD  
SANFORD FL 32771

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

D  
Jim Conner  
256 HOWARD BOULEVARD  
Longwood, FL 32750

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

D  
Becky Hopkins  
256 MAUREEN DR.  
SANFORD, FL 32771

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96

Date

Daytime Phone #

0003760

CR2E037 (3/96)