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May 20 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 # 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 32771-6625



3. Date Incorporated or Qualified
08/28/1995

3a. Date of Last Report
10/21/1996

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

4. FEI Number
59-3340040

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

ADAMS, CLARK
930 N UNION CIRCLE
DELTONA FL 32725

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE D ☐ DELETE
NAME CONNER, JIM
STREET ADDRESS 255 HOWARD BLVD.
CITY-ST-ZIP LONGWOOD FL 32750

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

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

TITLE D ☒ DELETE
NAME HOPKINS, BECKY
STREET ADDRESS 256 MAUREEN DRIVE
CITY-ST-ZIP SANFORD FL 32771

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Bill Hopkins
1.3 STREET ADDRESS 256 MAUREEN DR
1.4 CITY-ST-ZIP Sanford FL 32771

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Sharon Beckham
2.3 STREET ADDRESS 410 SAN MAURES
2.4 CITY-ST-ZIP Sanford FL 32771

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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.

CR2E037 (9/96)