FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

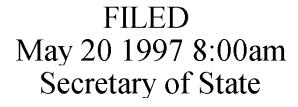
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N95000004150 (7)

PAOLA WOODS DAY CARE, INCORPORATED





Principal Place of Business Mailing Address					 }	ALE KOGER BBEIK BINDI AKORI KARA DOBA ADDI
·		•				
5680 WAYSIDE SANFORD FL 3		5680 WAYSIDE DR SANFORD FL 32771-8625			1	
					3. Date Incorporated or Qualified 08/28/1995	3a. Date of Last Report 10/21/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3340040	Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28			Trust Fund Contribution	Added to Fees
24	⊢ , ,	Zip	Count	ry	8. This corporation has liability for in	
24]	9. Name and Address of Current	29 Registered Agent	30		Florida Statutes 10. Name and Address of New Regi	Yes No
			- 8	1 Name	10. Name and Address of New Regi	Present Mount
ADAMS	CLAPK					
ADAMS, CLARK 930 N UNION CIRCLE				2 Street	Address (P.O. Box Number is Not Acceptable	p)
DELTONA FL 32725			8	3		
ODE TO THE	11 E 02/20					
			8	4 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the abo	ve-named	corporation submits this statement for the pu	
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 gnature required when reinstating) DATE						
12.	OFFICERS AND		13.	ganaga	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	1.1 TITLE		D	☐ Change ☑ Addition
NAME	CLARK, CLARK		1.2 NAM	E	Bill Hopkins	_ , ,
STREET ADDRESS	930 N UNION CIR		1.3 STRE	ET ADDRESS	256 MAUKEEN Dr	[8
CITY-ST-ZIP	DELTONA FL 32725		1.(CITY	-ST-7IP	Soutord FC 327	71
TITLE	D	DELETE	21 TITLE		D	Change 🔀 Addition
NAME	CONNER, JIM		2.2 NAM	E	Sharor Beckham	
STREET ADDRESS	255 HOWARD BLVD.		23 STRE	ET ADDRESS	410 SAN MARKES	•
CITY-ST-ZIP	LONGWOOD FL 32750		2 4 City	'- \$1 - ZIP	Sonferd FL 32-	771
TITLE	D	DELETE	3.1 1ITLE			Change Addition
NAME	COFFMAN, STEVE		3.2 NAM	E	·	
STREET ADDRESS	904 W 22ND ST		3.3 STRE	et address		
CITY-ST-ZIP	SANFORD FL 32771	PLIESE	3.4 CITY			
TITLE	D AMAMO HIME	L. DELETE	4.1, 1011.8			L Change L Addition
NAME OTOGET ADDRESS	ADAMS, JUNE 1543 DRAYTON AVE		4. 2 NAM			
STREET ADDRESS	DELTONA FL 32725			ET ADDRESS		
CITY-ST-ZIP TITLE	DELIOIM PE 32723	DELETE	4.4 City - 5.1 Tille			Change Addition
NAME	HOPKINS, BECKY	EN DELLIC	5.1 HILE 5.2 NAM			Change Addition
STREET ADDRESS	256 MAUREEN DRIVE			t et address		
CITY-ST-ZIP	SANFORD FL 32771			-		
TITLE	WATE VIEW I & VETT I	DELETE	5.4 Crty 6.1 Title			Change Addition
NAME			6.2 NAME			□ counte □ vacata
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			6.4 CITY			
14 Leto horob	y carlify that the information avantical	- 10 A C - 400 - A - A - A - A - A - A - A - A - A -	0.4 0111	-01-217	140.07/0//2 51 1.0	

I but necessary 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.