

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004850 (2)

1. Corporation Name

SKILL DAY CENTER, INC.



Principal Place of Business

**1644 NW 18TH ST.
OCALA FL 34475**

Mailing Address

**1644 NW 18TH ST.
OCALA FL 34475**

3. Date Incorporated or Qualified
10/09/1995

3a. Date of Last Report
1st Report

2. Principal Place of Business

21 1644 NW 18th ST

Suite, Apt. #, etc.

2a. Mailing Address

26 1644 NW 18th ST

Suite, Apt. #, etc.

4. FEI Number

59-334-3834

Applied For

☒ Not Applicable

22 City & State

OCALA, FLA

27 City & State

OCALA, FLA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

23 Zip

34475

Country

USA

28 Zip

34475

Country

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**JONES, CALVIN
1644 NW 18TH ST.
OCALA FL 34475**

10. Name and Address of New Registered Agent

**81 Name CALVIN JONES
82 Street Address (P.O. Box Number is Not Acceptable)
2387 WHWY 316
83
84 City CITRA FL 85 Zip Code 32113**

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

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

(NOTE: Registered Agent signature required when reinstating)

10/31/1996
DATE

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	CALVIN JONES	
STREET ADDRESS	2387 WHWY 316	
CITY - ST - ZIP	CITRA FLA 32113	
TITLE	ASIST. DIRECTOR	<input type="checkbox"/> DELETE
NAME	CATHERINE JONES	
STREET ADDRESS	2387 WHWY 316	
CITY - ST - ZIP	CITRA FLA 32113	
TITLE	SEC. / TREASURER	<input type="checkbox"/> DELETE
NAME	CECELIA JONES	
STREET ADDRESS	2387 WHWY 316	
CITY - ST - ZIP	CITRA FLA 32113	
TITLE	BOARD MEMBER	<input type="checkbox"/> DELETE
NAME	JANET JONES	
STREET ADDRESS	2009 SW 74th ST	
CITY - ST - ZIP	OCALA FLA 34475	
TITLE	BOARD MEMBER	<input checked="" type="checkbox"/> DELETE
NAME	EUGLYN GONZALEZ	
STREET ADDRESS	1927 SW 34th CT	
CITY - ST - ZIP	OCALA FLA 34474	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JESSIE DICKSON	
1.3 STREET ADDRESS	1704 NW 18th ST	
1.4 CITY - ST - ZIP	OCALA FLA 34475	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
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 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:

Calvin Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/1996
Date
(352) 351-9052
Daytime Phone #

CR2E037 (12/95)