

**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 # N95000005426 (0)**

1. Corporation Name  
**TOWN PARK DAYCARE, INC.**



Principal Place of Business  
**1680 NW 4 AVE  
MIAMI FL 33136**

Mailing Address  
**1680 NW 4 AVE  
MIAMI FL 33136**

3. Date Incorporated or Qualified  
**11/15/1995**

3a. Date of Last Report

4. FEI Number  
**65-0624490**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**OLAIGBE, OLA  
18441 NW 2 AVE #220  
MIAMI FL 33169**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code  
**FL**

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**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, ANNIE	
STREET ADDRESS	1620 NW 4 AVE #13A	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SLATER, LILLIAN	
STREET ADDRESS	1640 NW 4 AVE #10C	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLACKSHEAR, THERESA	
STREET ADDRESS	1660 NW 4 AVE #15E	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPANN, NELLIE	
STREET ADDRESS	1530 NW 4 AVE #18B	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATSON, LINDA	
STREET ADDRESS	1670 NW 4TH AVE #12A	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUDSON, LINDA	
STREET ADDRESS	1680 NW 4TH AVE #8A	
CITY-ST-ZIP	MIAMI FL 33136	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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: *Annie Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96 305-5735788  
Date Daytime Phone

CR2E037 (12/95)