

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 # **N95000005493 (0)**

1. Corporation Name
NEWBERRY COMMUNITY DAY CARE CENTER, INC.



Principal Place of Business: **325 NE 8TH AVENUE NEWBERRY FL 32669**
 Mailing Address: **POST OFFICE BOX 144 NEWBERRY FL 32669**

3. Date Incorporated or Qualified: **11/20/1995**
 3a. Date of Last Report
 4. FEI Number: **59-3336952**
 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
 25. Country
 26. Mailing Address
 27. Suite, Apt. #, etc.
 28. City & State
 29. Zip
 30. Country

9. Name and Address of Current Registered Agent
MCCLAIN-FRANKLIN, ELAINE
325 NE 8TH AVENUE
NEWBERRY FL 32669

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D P/O	<input type="checkbox"/> DELETE
NAME	MCCLAIN-FRANKLIN, ELAINE	
STREET ADDRESS	325 NE 8TH AVENUE / 13602 N.W. 13 AVE	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH-KELSEY, ALICE	
STREET ADDRESS	POST OFFICE BOX 1444	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NICHOLS, HARRY	
STREET ADDRESS	405 WEST CENTRAL AVENUE	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARREN, ZOELLEN M	
STREET ADDRESS	POST OFFICE 5273 / 221 DEER STREET	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	D VP/T	<input type="checkbox"/> DELETE
NAME	ISLAR, MAE V	
STREET ADDRESS	POST OFFICE BOX 553 / 424 NE 8TH AVE	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTZOG, GRADY	
STREET ADDRESS	1158 SW 4TH AVENUE	
CITY-ST-ZIP	NEWBERRY FL 32669	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	D S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BARBARA JONES	
2.3 STREET ADDRESS	1001 SW 143 STREET	
2.4 CITY-ST-ZIP	Newberry, FL 32669	
3.1 TITLE	CHA D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Chad Scott	
3.3 STREET ADDRESS	Post Office Box 427 / 193 NW 3rd Ave	
3.4 CITY-ST-ZIP	Newberry, FL 32669	
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: Elaine McClain-Franklin Date: 6/12/96 (352) 472-2533
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)