


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000005493**  
1. Entity Name  
**NEWBERRY COMMUNITY DAY CARE CENTER, INC.**



Principal Place of Business: **24505 NEWBERRY LANE  
NEWBERRY FL 32669**  
Mailing Address: **POST OFFICE BOX 144  
NEWBERRY FL 32669**



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

1st MOORE CR2E037 (10/05)  
4. FEI Number: **59-3336952**  
Applied For:  Not Applied:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MCCRAY, MARIE  
24505 NEWBERRY LN.  
NEWBERRY FL 32669**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE: Marie McCray - Director DATE: 2-15-06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: <b>CD</b> NAME: <b>MCCLAIN-FRANKLIN, ELAINE</b> STREET ADDRESS: <b>13712 NW CR 235</b> CITY-ST-ZIP: <b>ALACHUA FL 32615</b>	<input type="checkbox"/> Delete
TITLE: <b>SD</b> NAME: <b>HENRY, BARBARA</b> STREET ADDRESS: <b>1001 SW 143 STREET</b> CITY-ST-ZIP: <b>NEWBERRY FL 32669</b>	<input type="checkbox"/> Delete
TITLE: <b>TD</b> NAME: <b>ISLAR, MAE</b> STREET ADDRESS: <b>24434 NEWBERRY LANE</b> CITY-ST-ZIP: <b>NEWBERRY FL 32669</b>	<input type="checkbox"/> Delete
TITLE: <b>MD</b> NAME: <b>MCCRAY, MARIE</b> STREET ADDRESS: <b>403 N.W. 245 TERRACE</b> CITY-ST-ZIP: <b>NEWBERRY FL 32669</b>	<input type="checkbox"/> Delete
TITLE: <b>MD</b> NAME: <b>CHESEBROUGH, GERALD</b> STREET ADDRESS: <b>25115 NW 4TH AVE</b> CITY-ST-ZIP: <b>NEWBERRY FL 32669</b>	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.