


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 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

**DO NOT WRITE IN THIS SPACE**



04252008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
 59-3336952  Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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 4-25-08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MCCLAIN-FRANKLIN, ELAINE
STREET ADDRESS	13712 NW CR 235
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	SD
NAME	HENRY, BARBARA
STREET ADDRESS	1001 SW 143 STREET
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	TD
NAME	ISLAR, MAE
STREET ADDRESS	24434 NEWBERRY LANE
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	MD
NAME	MCCRAY, MARIE
STREET ADDRESS	403 N.W. 245 TERRACE
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	MD
NAME	CHESEBROUGH, GERALD
STREET ADDRESS	25115 NW 4TH AVE
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 05/22/08-80043-008 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: Marie McCray DATE 4-25-08 DAYTIME PHONE # (352) 472-2533  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #