

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005493

FILED
Jul 12, 2009
Secretary of State

Entity Name: NEWBERRY COMMUNITY DAY CARE CENTER, INC.

Current Principal Place of Business:

24505 NEWBERRY LANE
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 144
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 59-3336952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCRAY, MARIE
24505 NEWBERRY LN.
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MCCLAIN-FRANKLIN, ELAINE
Address: 13712 NW CR 235
City-St-Zip: ALACHUA, FL 32615

Title: SD () Delete
Name: HENRY, BARBARA
Address: 1001 SW 143 STREET
City-St-Zip: NEWBERRY, FL 32669

Title: TD () Delete
Name: ISLAR, MAE
Address: 24434 NEWBERRY LANE
City-St-Zip: NEWBERRY, FL 32669

Title: MD () Delete
Name: MCCRAY, MARIE
Address: 403 N.W. 245 TERRACE
City-St-Zip: NEWBERRY, FL 32669

Title: MD () Delete
Name: CHESEBROUGH, GERALD
Address: 25115 NW 4TH AVE
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE

_____ Electronic Signature of Signing Officer or Director

DIRE

07/12/2009

_____ Date