

**2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Mar 25, 2011  
Secretary of State**

DOCUMENT# N95000005493

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 (X)

**Name and Address of Current Registered Agent:**

MCCRAY, MARIE  
24505 NEWBERY 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: MARIE MCCRAY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARIE MCCRAY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DIR

03/25/2011

\_\_\_\_\_  
Date