

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005493

FILED
Feb 26, 2012
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 (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: _____

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

DIRE

02/26/2012

Electronic Signature of Signing Officer or Director

Date