

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000003

FILED
Apr 05, 2006
Secretary of State

Entity Name: OUR COUNTRY DAY, INC.

Current Principal Place of Business:

201 LAWRENCE BLVD.
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2016
KEYSTONE HEIGHTS, FL 32656 US

New Mailing Address:

FEI Number: 59-3355142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDAGE, KATHYLEEN
6975 GATORBONE ROAD
KEYSTONE HEIGHTS, FL 32656 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: T/S () Delete
Name: HARDAGE, KATHYLEEN
Address: 6975 GATORBONE RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: MANNING, BARBARA
Address: 5563 SE 4TH AVENUE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: HARDAGE, LEE
Address: 6975 GATORBONE ROAD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: PAYNE, DAVID
Address: 5727 COUNTY ROAD 352
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: HIGGINBOTHAM, MIKE
Address: 7471 BIG BEND CT
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: WELBORN, BECKY
Address: PO BOX 122
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SAPP, JANEAN
Address: 7670 CHARLOTTE RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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 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: KATHYLEEN HARDAGE

T/S

04/05/2006

Electronic Signature of Signing Officer or Director

Date