

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90364 044 \*\*\*\*61.25

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**DOCUMENT # N96000003517**

1. Entity Name

**NORMANDY VILLAGE UNITED METHODIST CHILD CARE CEN**

Principal Place of Business

**7915 HERLONG ROAD  
 JACKSONVILLE FL 32210**

Mailing Address

**7915 HERLONG ROAD  
 JACKSONVILLE FL 32210**

**80039957**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3414968**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LEE, GINGER I  
 7915 HERLONG ROAD  
 JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HASTINGS, DAVID C SR.</b>	
STREET ADDRESS	<b>4605 ARGONNE LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PEDRONI, CHRIS</b>	
STREET ADDRESS	<b>132 - 28TH AVENUE, SOUTHY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>THOMPSON, MAZEL</b>	
STREET ADDRESS	<b>1363 INGLESIDE AVENUE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HILL, TERESA L REV.</b>	
STREET ADDRESS	<b>1415 LASALLE STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>HASTINGS, DAVID C JR</b>	
STREET ADDRESS	<b>152 STOWE AVENUE</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Rev. Thomas L. Shafer</b>	
STREET ADDRESS	<b>1415 LaSalle Street</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *David C. Hastings Jr*

03/26/2001

(904) 264-2241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David C. Hastings Jr, Chairman

Date

Daytime Phone #

CR2E037 (10/00)