


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90387 008 ****61.25

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1. Entity Name
NORMANDY VILLAGE UNITED METHODIST CHILD CARE CENTER, INC.



Principal Place of Business
**7915 HERLONG ROAD
 JACKSONVILLE, FL 32210**

Mailing Address
**7915 HERLONG ROAD
 JACKSONVILLE, FL 32210**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04062006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-3414968

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **PEDRONI, CHRIS**
 STREET ADDRESS **132 - 28TH AVENUE, SOUTHY**
 CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** Delete
 NAME **THOMPSON, MAZEL**
 STREET ADDRESS **1383 INGLESIDE AVENUE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** Delete
 NAME **STOPHEL, CONNIE**
 STREET ADDRESS **100 BELTEL WAY**
 CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **NEAL, RICHARD**
 STREET ADDRESS **1415 LASALLE STREET**
 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Connie Stophel **Connie Stophel, Board Chair 4/12/06** (904) **726-1500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #