## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N96000003517**

1. Entity Name NORMANDY VILLAGE UNITED METHODIST CHILD CARE



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

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

| CENTER,   | INC.  |   |  |      |                                       |                |                             |                         |   |  |
|---|---|---|--|------|---------------------------------------|----------------|-----------------------------|-------------------------|---|--|
| 7915 HERLONG ROAD 791   |   |   | Mailing Address 7915 HERLONG ROAD JACKSONVILLE, FL 32210   |      |                                       |                |                             |                         |   |  |
| Principal Place of Business 3. I  |   | 3. Mailing Address                                |  |      |                                       |                |                             |                         |   |  |
| Suite, Apt. #, etc.   |   | Suite Ant # atc                                   | Suite, Apt. #, etc.  |      | 04000000                              |                |                             |                         |   |  |
|   |   |   |  |      |                                       | hg-NP          | CR2E037                     | ·                       | - Italian Fax                                 |  |
| City & State  |   | City & State                                      |  |      | 4. FEI Number<br>59-34149             | 68             |                             | _ <del>`</del>          | plied For<br>at Applicable                    |  |
| Zip   | Country   | Zip   | Country  |      | 5. Certificate of S                   | Status Desired |                             | 8.75 Add<br>ee Required |   |  |
|   | 6. Name and Address of Current  | Registered Agent                                  |  |      | 7. Name and Ad                        | dress of New I | Registered Ag               | gent                    |   |  |
| LEE, GINGER I   |   |   | Name   | Name |                                       |                |                             |                         |   |  |
| 7915 HERLONG ROAD<br>JACKSONVILLE, FL 32210   |   |   | Street Addres  |      | s (P.O. Box Number is Not Acceptable) |                |                             |                         |   |  |
|   |   |   |  |      |                                       |                | ···· -                      | T = 2 2 2               |   |  |
|   |   |   | 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 Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |   |   |  |      |                                       |                |                             |                         |   |  |
| FIN- F L- 404 25  |   |   |  |      |                                       |                |                             |                         |   |  |
| _   | Filling Fee is \$61.25  | 9. Election                                       | Campaign Financing   |      | \$5.00 Nov. Bo                        |                | take check                  | payable to              | •   |  |
| * · ·   | Filing Fee is \$61.25<br>Due by May 1, 2006   |   | Campaign Financing od Contribution.  |      | \$5.00 May Be<br>Added to Fees        |                | iake check<br>rida Departr  |                         |   |  |
| 10.   | Due by May 1, 2006<br>OFFICERS AND DIR  | Trust Fu  | nd Contribution.   |      | \$5.00 May Be<br>Added to Fees        | Flo            | rida Departr<br>RS AND DIRI | nent of St              | tate  |  |
| 10.   | OFFICERS AND DIE  | Trust Fu  | nd Contribution.   |      | Added to Fees                         | Flo            | rida Departr<br>RS AND DIRI | nent of St              | tate  |  |
| 10.   | Due by May 1, 2006<br>OFFICERS AND DIR  | Trust Fu  | nd Contribution.   |      | Added to Fees                         | Flo            | rida Departr<br>RS AND DIRI | nent of St              | tate  |  |
| 10.   | Due by May 1, 2006  OFFICERS AND DIF  D PEDRONI, CHRIS 132 - 28TH AVENUE, SOUTHY JACKSONVILLE BEACH, FL 32:   | Trust Fu  | nd Contribution.  11.  TITLE  NAME   |      | Added to Fees                         | Flo            | rida Departi                | ment of St<br>ECTORS IN | tate 110 Addition                             |  |
| 10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE   | Due by May 1, 2006  OFFICERS AND DIF  D PEDRONI, CHRIS 132 - 28TH AVENUE, SOUTHY JACKSONVILLE BEACH, FL 32: STD   | Trust Fu  | 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE  |      | Added to Fees                         | Flo            | rida Departi                | nent of St              | tate  |  |
| 10. TITLE NAME STREET ADDRESS CITY-SI-ZIP   | Due by May 1, 2006  OFFICERS AND DIF  D PEDRONI, CHRIS 132 - 28TH AVENUE, SOUTHY JACKSONVILLE BEACH, FL 32:   | Trust Fu  | 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP  |      | Added to Fees                         | Flo            | rida Departi                | ment of St<br>ECTORS IN | tate 110 Addition                             |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | Due by May 1, 2006  OFFICERS AND DIF  D PEDRONI, CHRIS 132 - 28TH AVENUE, SOUTHY JACKSONVILLE BEACH, FL 32: STD THOMPSON, MAZEL   | Trust Fu  | 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   |      | Added to Fees                         | Flo            | rida Departi                | ment of St<br>ECTORS IN | tate 110 Addition                             |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | Due by May 1, 2006  OFFICERS AND DIE  D PEDRONI, CHRIS 132 - 28TH AVENUE, SOUTHY JACKSONVILLE BEACH, FL 32: STD THOMPSON, MAZEL 1363 INGLESIDE AVENUE JACKSONVILLE, FL 32205 CD   | Trust Fu  | TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE   |      | Added to Fees                         | Flo            | rida Departi                | ment of St<br>ECTORS IN | tate 110 Addition                             |  |
| 10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  | Due by May 1, 2006  OFFICERS AND DIE  D PEDRONI, CHRIS 132 - 28TH AVENUE, SOUTHY JACKSONVILLE BEACH, FL 32: STD THOMPSON, MAZEL 1363 INGLESIDE AVENUE JACKSONVILLE, FL 32205 CD STOPHEL, CONNIE   | Trust Fu  PECTORS  Delete  250  Delete            | TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  |      | Added to Fees                         | Flo            | rida Departi                | THERT OF ST             | 1 10 Addition                                 |  |
| 10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  | Due by May 1, 2006  OFFICERS AND DIE  D PEDRONI, CHRIS 132 - 28TH AVENUE, SOUTHY JACKSONVILLE BEACH, FL 32: STD THOMPSON, MAZEL 1363 INGLESIDE AVENUE JACKSONVILLE, FL 32205 CD   | Trust Fu  PECTORS  Delete  250  Delete            | TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE   |      | Added to Fees                         | Flo            | rida Departi                | THERT OF ST             | 1 10 Addition                                 |  |
| 10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  | Due by May 1, 2006  OFFICERS AND DIE  D PEDRONI, CHRIS 132 - 28TH AVENUE, SOUTHY JACKSONVILLE BEACH, FL 32:  STD THOMPSON, MAZEL 1363 INGLESIDE AVENUE JACKSONVILLE, FL 32205  CD STOPHEL, CONNIE 100 BELLTEL WAY   | Trust Fu  PECTORS  Delete  250  Delete            | TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   |      | Added to Fees                         | Flo            | rida Departi                | THERT OF ST             | 1 10 Addition                                 |  |
| TIO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | Due by May 1, 2006  OFFICERS AND DIS  D PEDRONI, CHRIS 132 - 28TH AVENUE, SOUTHY JACKSONVILLE BEACH, FL 322 STD THOMPSON, MAZEL 1363 INGLESIDE AVENUE JACKSONVILLE, FL 32205 CD STOPHEL, CONNIE 100 BELLTEL WAY JACKSONVILLE, FL 32216 D NEAL, RICHARD                        | Trust Fu  PECTORS  Delete  Delete  Delete         | TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  |      | Added to Fees                         | Flo            | rida Departi                | CTORS IN Change Change  | Late  110 Addition Addition                   |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS   | Due by May 1, 2006  OFFICERS AND DIS  D PEDRONI, CHRIS 132 - 28TH AVENUE, SOUTHY JACKSONVILLE BEACH, FL 322  STD THOMPSON, MAZEL 1363 INGLESIDE AVENUE JACKSONVILLE, FL 32205  CD STOPHEL, CONNIE 100 BELLTEL WAY JACKSONVILLE, FL 32216  D NEAL, RICHARD 1415 LASALLE STREET | Trust Fu  PECTORS  Delete  Delete  Delete         | TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   |      | Added to Fees                         | Flo            | rida Departi                | CTORS IN Change Change  | Late  110 Addition Addition                   |  |
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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:

SUBSTITUTE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Of SIGNING OFFICER OR DIRECTOR

726-1500 Daytime Phone #