SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Sep 10 1998 8:00am Secretary of State

Name of Address of Courter Registered Agent  10 Name and Address of Surious of State  20 Name and Address of Courter Registered Agent  11 Name  12 Name Address of Courter Registered Agent  12 Name and Address of Surious Registered Agent  13 Name  14 City  15 Name and Address of Name Registered Agent  15 Name  16 Name  17 Name and Address of Name Registered Agent  18 Name  19 Name and Address of Name Registered Agent  19 Name and Address of Name Registered Agent  10 Name and Address of Name Registered Agent  11 Name  12 Name and Address of Name Registered Agent  13 Name  14 City  15 Name  16 Name  17 Name and Address of Name Registered Agent  18 Name  19 Name and Address of Name Registered Agent  19 Name and Address of Name Registered Agent  10 Name and Address of Name Registered Agent  11 Name  12 Name Name  13 Name  14 City  15 Name  15 Name  16 Name  16 Name  17 Name and Address of Name Registered Agent  18 Name  19 Name and Address of Name Registered Agent  19 Name and Address of Name Registered Agent  10 Name Registered Agent  10 Name and Address of Name Registered Agent  10 Name Address of Name Registered  10 Name Address of Name Registere	ST. JOHN'S - ELOISE FEAGINS DAYCARE CENTER, INC.								
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Zip   Country   Zip   Country   S. This corporation over one page the correct fragraphic   Taylor   Section   Sect	23	O	<del>}</del> -₁ '						
8. Name and Address of Current Registered Agent  10. Name and Address of Now Registered Agent  11. Name  ROBINSON & ASSOCIATES, P.A. 1405 W. FARBANKS AVE. WINTER PARK FL 32789  33  44 City  FL 85 Zip Code  11. Pursuant to the provisions of sections \$17,000 and \$17,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registrated graph. I am a submit of the provisions of sections \$17,000 and \$17,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the or registrated by the corporation submits this statement for the purpose of changing its registered of the original statement for the purpose of changing its registered of the original statement for the purpose of changing its registered of the original statement for the purpose of changing its registered of the original statement for the purpose of changing its registered of the original statement for the purpose of changing its registered of the original statement for the purpose of changing its registered of the original statement for the purpose of changing its registered of the original statement for the purpose of changing its registered of the original statement for the purpose of changing its registered of the original statement for the purpose of changing its registered of the original statement for the purpose of changing its registered original statement for the purpose of changing its registered original statement for the purpose of changing its registered original statement for the purpose of changing its registered original statement for the purpose of changing its registered original statement for the purpose of changing its registered original statement for the purpose of changing its registered original statement for the purpose of changing its registered original statement for the purpose of changing its registered original statement for the purpose of changing its registered original statement for the purpo	Zip			Cou	ntry				
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP	aid at a the lease at a lease at	4.1-40- d 1 7						

an officer or director of the corporation opposed with all similar quoes not qualify for the exemption stated in section 119.07(3)(0). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, by or an attachment with an address.

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR