


FILE NOW: FILING FEE IS \$61.25

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May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006022 (4)**

1. Corporation Name

**ALACHUA COUNTY DAY, INC.**



Principal Place of Business <b>3826 N.W. 286TH ST. NEWBERRY FL 32669</b>	Mailing Address <b>3826 N.W. 286TH ST. NEWBERRY FL 32669</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified <b>10/24/1997</b>	
4. FEI Number <b>59-3477168</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MARTIN, CLAY 3826 N.W. 286TH ST. NEWBERRY FL 32669</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	<b>MULLIGAN, RICHARD</b>
STREET ADDRESS	<b>300 E. UNIVERSITY AVE.</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>
TITLE	DV <input type="checkbox"/> DELETE
NAME	<b>ZOROVICH, LARRY</b>
STREET ADDRESS	<b>3105 S. MAIN ST.</b>
CITY-ST-ZIP	<b>HIGH SPRINGS FL 32643</b>
TITLE	DS <input type="checkbox"/> DELETE
NAME	<b>SMYTH, CARMEN</b>
STREET ADDRESS	<b>P.O. BOX 824 (NA)</b>
CITY-ST-ZIP	<b>MICANOPY FL 32667</b>
TITLE	DT <input type="checkbox"/> DELETE
NAME	<b>ELMORE, LELA</b>
STREET ADDRESS	<b>P.O. BOX 495 (NA)</b>
CITY-ST-ZIP	<b>NEWBERRY FL 32669</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>KALIVODA, LOUIS</b>
STREET ADDRESS	<b>724 S.W. 28TH PLACE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>WAGNER, VIVIAN G</b>
STREET ADDRESS	<b>202 W. LAKE AVE.</b>
CITY-ST-ZIP	<b>HAWTHORNE FL 32640</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Zorovich, Larry</b>
1.3 STREET ADDRESS	<b>3105 S. Main St.</b>
1.4 CITY-ST-ZIP	<b>High Springs, FL 32643</b>
2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Winters, Sonya</b>
2.3 STREET ADDRESS	<b>300 E. University Ave.</b>
2.4 CITY-ST-ZIP	<b>Gainesville, FL 32601</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, or on an attachment with an address.

SIGNATURE: *Laurence F. Zorovich* **LAURENCE F. ZOROVICH** **4-27-98 904 4541223**

CR2E037 (10/97)