

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90015 003 ****70.00

DOCUMENT # N97000006022

1. Entity Name
ALACHUA COUNTY DAY, INC.



Principal Place of Business
**3000 NW 83 STREET, BUILDING F
ATTN: GUY YORK
GAINESVILLE, FL 32606**

Mailing Address
**PO BOX 125
HAWTHORNE, FL 32640**

54032648



2. Principal Place of Business
**926 N.W. 13th St.
Suite, Apt. #, etc.
Attn: Clay Martin**

3. Mailing Address
**926 N.W. 13th St.
Suite, Apt. #, etc.
Attn: Clay Martin**

04092004 Chg-NP CR2E037 (10/03)

City & State
Gainesville, FL

City & State
Gainesville, FL

4. FEI Number
59-3477168

Applied For
☐ Not Applicable

Zip
32601

Country
USA

Zip
32601

Country
USA

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

**MARTIN, CLAY
135 NW 266TH STREET
NEWBERRY, FL 32669**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SEGAL, JANE
302 HWY 301 S.
HAWTHORNE, FL 32640** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WINTERS, SONIA
300 E UNIVERSITY AVE
GAINESVILLE, FL 32601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
DAVIS, LOUIE
207 SW 4TH BLVD
WALDES, FL 32694** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**DV
DAVIS, LOUIE
207 S.W. 4th Blvd.
Waldo, FL 32694**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
GLANZER, JOY
25050 W. NEWBERRY ROAD
NEWBERRY, FL 32669** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARTIN, CLAY
135 NW 266 STREET
NEWBERRY, FL 32669** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**DT
CLAY MARTIN
135 N.W. 266th St.
Newberry, FL 32669**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
ELDER, STEVE
303 NW 8TH AVE
GAINESVILLE, FL 32601** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**DT
GUY YORK
3000 N.W. 83rd St., Bldg F
Gainesville, FL 32606**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAY MARTIN

April 12, 2004 (352) 336-0800

Date

Daytime Phone #