

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006022

FILED
Mar 21, 2009
Secretary of State

Entity Name: ALACHUA COUNTY DAY, INC.

Current Principal Place of Business:

851 NW 250TH TERRACE
SUITE 10
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

PO BOX 1170
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 59-3477168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, CLAY
851 NW 250TH TERRACE
SUITE 10
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SEGAL, JANE
Address: 302 HWY 301 S.
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: WINTERS, SONIA
Address: 300 E UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: DV () Delete
Name: DAVIS, LOUIE
Address: 207 SW 4TH BLVD
City-St-Zip: WALDO, FL 32694

Title: DS () Delete
Name: GLANZER, JOY
Address: 25050 W. NEWBERRY ROAD
City-St-Zip: NEWBERRY, FL 32669

Title: DT () Delete
Name: MARTIN, CLAY
Address: 851 NW 250TH TERRACE SUITE 3
City-St-Zip: NEWBERRY, FL 32669

Title: DT (X) Delete
Name: YORK, GUY
Address: 3000 NW 83RD ST BLDG F
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAY MARTIN

DT

03/21/2009

Electronic Signature of Signing Officer or Director

Date