

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90037 032 ****61.25

DOCUMENT # N99000000019

1. Corporation Name

DAY BY DAY WITH FRIENDS, FAMILY AND RENE, INC.

436819 - 90037 - 32

Principal Place of Business
1500 WEST HIGHLANDS ST. #121
LAKELAND FL 33815

Mailing Address
P.O. BOX 7581
LAKELAND FL 33807



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/03/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		57-3498577	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		30	
25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, RENE
1500 WEST HIGHLANDS ST. #121
LAKELAND FL 33815

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WILLIAMS, RENE	1.2 NAME	
STREET ADDRESS	1500 WEST HIGHLANDS ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33815	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	VPD
NAME	GRAY, HENRIETTA DR.	2.2 NAME	MYRA J. BRYANT
STREET ADDRESS	131 PINELLAS ST.	2.3 STREET ADDRESS	606 EAST VALENCIA STREET
CITY-ST-ZIP	LAKELAND FL 33803	2.4 CITY-ST-ZIP	LAKELAND FL 33805
TITLE	D	3.1 TITLE	
NAME	GIBSON, CYNTHIA	3.2 NAME	
STREET ADDRESS	2450 4TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL 33860	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katherine Harris
KATHERINE WILLIAMS

Date

Daytime Phone #

4/24/99 (941) 802-5757

CR2E037 (1/98)