

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000073471

FILED
Apr 27, 2009
Secretary of State

Entity Name: NORTH FLORIDA DAYCARE, INC.

Current Principal Place of Business:

4138 NW 13TH STREET
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

4138 NW 13TH STREET
GAINESVILLE, FL 32609 US

New Mailing Address:

FEI Number: 59-3338834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSM () Delete
Name: HIXON, TAMI S
Address: 4138 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: VT () Delete
Name: HIXON, DAVID E
Address: 4138 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSM (X) Change () Addition
Name: HIXON, TAMI S
Address: 4138 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: VT (X) Change () Addition
Name: HIXON, DAVID E
Address: 4138 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32609

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMI S. HIXON

PSM

04/27/2009

Electronic Signature of Signing Officer or Director

Date