Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90197 028 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S25022**

1. Corporation Name

GINGERBREAD HOUSE CHILDREN'S CENTER, INC.

Principal Place	e of Business	Mailing Address				. !!	# (# # # # #	61 A1141 MA11A .	14818 1161 416		, 81611 elett 1691
6005 CHESTER AVENUE JACKSONVILLE FL 32217		2201 RIVERSIDE AVE									
		JACKSONVILLE FL 32204				DO NOT WRITE IN THIS SPACE					
		US			-	3. Date In				110 01 7102	
						01/11/	•				
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Nur				· /	Applied For
21		26				59-304	44224				Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						- Danisad		\$8.75	Additional
22		27				5. Certifcate of Statu		us Desired		Fee Required	
City & Stat	e	City & State				6. Election	Campaigr	n Financing	, LJ	\$5.0	0 May Be
23		28				Trust Fu	und Contrib	oution		Adde	d to Fees
Zip	Country	Zip	Country	′			•		rrent year	Intangible	
24	25		30				al Property				□No
'	9. Name and Address of Curren	t Registered Agent				10. Name a	and Addre	ss of New	Register	ed Agent	
ALLE	N DADDADA I		81	Name							
	N, BARBARA L.		82	Street /	Address	P.Q. Box	Number is	Not Accep	table)	$\overline{\cap}$	
	S ST JOHNS BLUFF ROAD (SONVILLE FL 32246			2.7	201	<u> </u>	NEC	side		400	•
JACI	SUMVILLE PE 32240		83								
			84	City	$\overline{}$. 85 Zij	Code
					<u>ەر</u>	<u> </u>				'Lil セ	2201
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statute	s, the above	e-named	corpora	ition submits	s this state: irectors I b	ment for th	e purpose	of changing i	ts registerea registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statutes	ine corpc i.	Diamon 3	s board or di	iloctors. Tr	ioroby doo	opt the op		J
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agent. I a	m farniliar with, and accept the obligat	t and title if applicable (NOTE:	da Statutes Registered Ager	i.		nen reinstating)		···	DATE		
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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 607, 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP