

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746707

**Entity Name:** HIGH SPRINGS CHILD CARE CENTER, INC.

**Current Principal Place of Business:**

HIGH SPRINGS CHILD CARE CENTER  
210 TAYLOR AVENUE  
HIGH SPRINGS, FL 32643

**Current Mailing Address:**

P.O. BOX 1236  
HIGH SPRINGS, FL 32655 US

**FEI Number:** 59-1387269

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DAVIS, CASSANDRA G  
510 N.W. 13TH STREET  
HIGH SPRINGS, FL 32643 US

*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

**Officer/Director Detail :**

Title D  
Name ANDERSON, TAMMY  
Address 215 N.W. 15TH STREET  
City-State-Zip: HIGH SPRINGS FL 32643

Title D  
Name JONES, HERBERT  
Address 325 N.W. 12 STREET  
City-State-Zip: HIGH SPRINGS FL 32643

Title D  
Name DAVIS, CASSANDRA G  
Address 510 N.W. 13TH STREET  
City-State-Zip: HIGH SPRINGS FL 32643

*I hereby 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 all other like empowered.*

**SIGNATURE:** CASSANDRA G. DAVIS

**BOARD CHAIRPERSON**

**04/29/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date