

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005284

**Entity Name:** JAYCARE ENRICHMENT ACADEMY, INC.

**Current Principal Place of Business:**

4609 HORTON RD  
PLANT CITY, FL 33567

**Current Mailing Address:**

4609 HORTON RD  
PLANT CITY, FL 33567

**FEI Number: 59-3737242**

**Certificate of Status Desired: Yes**

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

MCGRUFF, JOYCE D  
4990 NESMITH RD  
PLANT CITY, FL 33567 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 PD  
Name MCGRUFF, JOYCE D  
Address 4990 NESMITH RD  
City-State-Zip: PLANT CITY FL 33567

Title D  
Name GRAY, ELLA R  
Address 4611 HORTON ROAD  
City-State-Zip: PLANT CITY FL 33567

Title D  
Name SALES, ROBERTA  
Address 1315 FOREST PARK STREET  
City-State-Zip: LAKELAND FL 33802

*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: JOYCE D. MCGRUFF**

**PRINCIPAL/OWNER**

**02/26/2015**

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

\_\_\_\_\_  
Date