2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2013
Secretary of State
CC3156994048

DOCUMENT# N95000004850

Entity Name: SKILL DAY CENTER, INC.

Current Principal Place of Business:

1700 NW 17TH AVENUE
OCALA, FL 34475

Current Mailing Address:

P O BOX 5625
OCALA, FL 34475 US

FEI Number: 59-3343834

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, CALVIN DR.
2387 W HWY 316
CITRA, FL 32113 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	DIRECTOR
Name	JONES, CALVIN DR.
Address	2387 W HWY 316
City-State-Zip:	CITRA FL

Title	AD
Name	JONES, CATHERINE DR.
Address	2387 W HWY 316
City-State-Zip:	CITRA

Title	ST
Name	YOPP, CECELIA DR.
Address	2387 W. HWY 316
City-State-Zip:	CITRA FL 32113

Title	BM
Name	JONES, JANET MRS.
Address	2009 SW 7TH STREET
City-State-Zip:	OCALA FL

Title	BM
Name	WHIPPER, ALLISON MISS
Address	2210 NW 24TH ROAD
City-State-Zip:	OCALA FL 34475

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: CALVIN JONES DIRECTOR 02/15/2013

Electronic Signature of Signing Officer/Director Detail — Date