FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
[illegible] 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700065 (6)

1. Corporation Name
WELBOURNE AVENUE NURSERY AND KINDERGARTEN, INC.

Principal Place of Business: 450 W WELBOURNE AVE, WINTER PARK FL 32789

Mailing Address: 450 W WELBOURNE AVE, WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1959
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-0704742 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ✓ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21 ; Suite, Apt. #, etc. — 22 ; City & State — 23 ; Zip — 24 ; Country — 25

2a. Mailing Address — 26 ; Suite, Apt. #, etc. — 27 ; City & State — 28 ; Zip — 29 ; Country — 30

9. Name and Address of Current Registered Agent

ALBERTA H. TOOLEY
751 W CANTON AVE.
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______________________ DATE

12. OFFICERS AND DIRECTORS

Field	Officer/Director
TITLE	PD
NAME	TOOLEY, MRS. GEORGE
STREET ADDRESS	751 W. CANTON AVE.
CITY-ST-ZIP	WINTER PARK FL
TITLE	V
NAME	JENKINS, EULA P.
STREET ADDRESS	434 GARFIELD AVE.
CITY-ST-ZIP	WINTER PARK FL
TITLE	S
NAME	BAKER, JANIE
STREET ADDRESS	650 NORTHWOOD CIRCLE
CITY-ST-ZIP	WINTER PARK FL
TITLE	D
NAME	FAYSON, ROBERTA
STREET ADDRESS	651 COMSTOCK AVE.
CITY-ST-ZIP	WINTER PARK FL
TITLE	D
NAME	BROWN, LEROY J
STREET ADDRESS	450 W. CANTON AVE.
CITY-ST-ZIP	WINTER PARK FL
TITLE	T
NAME	BOYER, CLEM J
STREET ADDRESS	180 ROSEWIND TR
CITY-ST-ZIP	MAITLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Blocks 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — ☐ Change ☐ Addition — blank)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alberta Tooley — Feb. 22 1995 — 26,6445 / 5171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003642