FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 700065

(6)

WELBOURNE AVENUE NURSERY AND KINDERGARTEN, INC.

Principal Place of Business		Mailing Address		-	IIII OFDII DIDIA DIDIA BIDIA DEDII DIDIA TUBI	
450 W WELBOURNE AVE WINTER PARK FL 32789		450 W WELBOURNE AVE WINTER PARK FL 32789				
					3. Date Incorporated or Qualified 10/20/1959	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26	26		59-0704742	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	_ 1		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip	Country	Zip	Country	ý	8. This corporation has liability for int	
24	25		30			Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 1 Agent						
			*'	L.	Wa P. Jenkin	
ALBERTA H. TOOLEY 751 W CANTON AVE.				Street Addre	ess (P.O. Box Number is Not Acceptable	
WINTER PARK FL 32789				d i		32789
			84		inter Park, fl	85 Zip Code
			"	J. City		FL LP COST
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of printered agent and title if applicable (NOTE: Registered Agent signature required when reinistating). DATE						
12.	Signature, typed or printed name of pegistered agent. OFFICERS AND	<u>.</u>	13.	int signature required	ADDITIONS/CHANGES TO OF FIG	
DILE	PD	DELETE	11 TITLE	PC		Change Addition
NAME	TOOLEY, MRS. GEORGE		1.2 NAME	7	enkins, Eula P.	
STREET ADDRESS	751 W. CANTON AVE.		4	T ADDRESS 4	enkins, Eula p. 134 CARFFELL Ave	
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-1		vinter path, \$1 32	789
TITLE	٧	DELETE	21 TITLE			Change 🔣 Addition
NAME	JENKINS, EULA P.		2 2 NAME	,	wright, Edwin C. 549 North Ribes L	a. = 11.9
STREET ADDRESS	434 GARFIELD AVE,		23 STREE			
CITY-ST-ZIP	WINTER PARK FL		2 4 CITY-		LONG WOOD, FI 32750	
TITLE	\$	DELETE	31 TITLE	-5		Change Addition
NAME	BAKER, JANIE		32 NAME		WALKER CAROLYN	
STREET ADDRESS	650 NORTHWOOD CIRCLE			T ADDRESS	1200 COTETTA WAY	
CITY-ST-ZIP TITLE	WINTER PARK FL D	DELETE	3.4. CITY- 4.1 TITLE	I .	Orlando, fl 3280	Change Addition
NAME	FAYSON, ROBERTA	Босси	4 2 NAME	$ \mathfrak{v} $	Johnson, Richard	En average Management
STREET ADDRESS	651 COMSTOCK AVE.			T ADDRESS	P.O. BOK 491	
CITY-ST-ZIP	WINTER PARK FL		44 CITY-	I .		1 540
TITLE	D	□DELETE	5 1 TITLE	0	Winter Park Fl 3 Wright, Deborak C	Change Addition
NAME	BROWN, LEROY J		5 2 NAME	[4.1	wright, Beborok C	
STREET ADDRESS	450 W. CANTON AVE.		5.3 STREE	T ADDRESS	1949 NorthRidge LAN	te cir,
CITY-ST-ZiP	WINTER PARK FL		5.4 CITY-	ST-ZIP	MATHIS Hable 730 Center Her	150
TITLE	T	DELETE	6.1 TITLE	D	in a ture it is like	☐ Change 👿 Addition
NAME	BOYER, CLEM J		62 NAMÉ	"	Man Ametric live	
STREET ADORESS	180 ROSEWIND TR		6.3 STREE	T ADDRESS	180 CERTER 11.	
CITY-ST-ZIP	MAITLAND FL	And Alice Pitter to a control of the	6.4 CITY		Wrinfer Park, 32	ገ ን የ
certify that	ly berury that the information supplied v I the information indicated on this annu	vius triis tiling is voluntarily furnish al report or supplemental annual	ned and doe I report is tr	es not quality to ue and accura	or the exemption stated in Section 119.0 Ite and that my signature shall have the s	رایارلار), Hiorida Statutes. I further ame 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eula P. Jankins 644.3644

CR2E037 (12/95)