FILE NOW: FILING FEE IS $61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90018 038 ****61.25

0015463

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700065

1. Corporation Name

WELBOURNE AVENUE NURSERY AND KINDERGARTEN, INC.

Principal Place of Business	Mailing Address
450 W WELBOURNE AVE WINTER PARK FL 32789	450 W WELBOURNE AVE WINTER PARK FL 32789

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/20/1959
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0704742 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WRIGHT, EDWIN
1549 N. RIDGE LAKE CIRCLE
LONGWOOD FL 32750

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	WRIGHT, EDWIN C		1.2 NAME	Wright, Edwin	
STREET ADDRESS	1549 NORTHRIDGE LAKE CIR		1.3 STREET ADDRESS	1549 North Ridge Lake Cir	
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP	Longwood, FL	
TITLE	VD	☐ DELETE	2.1 TITLE	V	☑ Change ☐ Addition
NAME	JOHNSON, RICHARD		2.2 NAME	Daniels, Mary	
STREET ADDRESS	PO BOX 491 NA		2.3 STREET ADDRESS	Canton Ave	
CITY-ST-ZIP	WINTER PARK FL 32790		2.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	S	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	WALKER, CAROLYN		3.2 NAME	Gainer Barry	
STREET ADDRESS	1200 CORETTA WAY		3.3 STREET ADDRESS	1664 Windy Bluff Pl.	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Longwood, FL 32750	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FAYSON, ROBERTA		4. 2 NAME		
STREET ADDRESS	651 COMSTOCK AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, LEROY J		5.2 NAME		
STREET ADDRESS	450 W. CANTON AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BOYER, CLEM J		6.2 NAME		
STREET ADDRESS	180 ROSEWIND TR		6.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an attachment with an address, with all other like empowered.

SIGNATURE: Edwin C. Wright REQUIRED 1/12/99 (407)767-5243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #