# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 22, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # 700065

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

| Principal Place of Business | Mailing Address |
|---|---|
| 450 W WELBOURNE AVE<br>WINTER PARK, FL 32789 | 450 W WELBOURNE AVE<br>WINTER PARK, FL 32789 |

&3,,,21666666D&

02092004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-0704742
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000084273
03/22/04-80053-003 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | WRIGHT, EDWIN C |
| STREET ADDRESS | 1549 NORTHRIDGE LAKE CIR |
| CITY-ST-ZIP | LONGWOOD, FL |
| TITLE | VP |
| NAME | DANIELS, MARY |
| STREET ADDRESS | 650 CANTON AVE |
| CITY-ST-ZIP | WINTER PARK, FL 32789 |
| TITLE | S |
| NAME | WALKER, CAROLYN |
| STREET ADDRESS | 1200 CORETTA WAY |
| CITY-ST-ZIP | ORLANDO, 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 |

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Edwin C. Wright Edwin C. Wright 3-18-04 407 644-5885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #