

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:05

DOCUMENT # 714796 (0)

1. Corporation Name

THE LITTLE SCHOOLHOUSE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1100 N. ANDREWS AVENUE
FT. LAUDERDALE FL 33311
US

101 SE 3RD AVE
FT. LAUDERDALE FL 33301
US

3. Date Incorporated or Qualified 06/19/1968
3a. Date of Last Report 04/18/1994

4. FEI Number 59-1220813
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

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARDNER, MERCEDES
1813 NE 28 ST.
FORT LAUDERDALE FL 33306

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BEAL, SHIRLEY
STREET ADDRESS	1563 PONCE DE LEON DR.
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	D
NAME	CAMPBELL, BEN
STREET ADDRESS	4321 NE 15TH TERR
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	MD
NAME	WARD, JANE
STREET ADDRESS	3715 S LAKE DRIVE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	PD
NAME	PAYNE, BARBARA
STREET ADDRESS	1612 S.E. 9TH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	TD
NAME	GARDNER, MERCEDES
STREET ADDRESS	1813 NE 28 ST
CITY-ST-ZIP	FT LAUD FL
TITLE	S
NAME	CAMPBELL, MARIAN
STREET ADDRESS	4321 NE 15TH TERR
CITY-ST-ZIP	FT LAUDERDALE FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Beal, Shirley
1.3 STREET ADDRESS	No longer on board
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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:

Mercedes Gardner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-95 (305) 564-5397

Date

Daytime Phone #

Mercedes Gardner

Treasurer