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**Secretary of State**

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # 714796**

1. Corporation Name

**THE LITTLE SCHOOLHOUSE, INC.**

Principal Place of Business

808 NE 3RD AVE  
 FT LAUDERDALE FL 33304  
 US

Mailing Address

808 NE 3 AVE  
 FT LAUDERDALE FL 33304  
 US



|                                |         |                     |         |   |  |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business |         | 2a. Mailing Address |         | 3. Date Incorporated or Qualified                         |  |
| 21                             |         | 26                  |         | 06/19/1968  |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 4. FEI Number   |  |
| 22                             |         | 27                  |         | 59-1220813  |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  |
| 23                             |         | 28                  |         | \$8.75 Additional Fee Required                            |  |
| Zip                            | Country | Zip                 | Country | 6. Election Campaign Financing <input type="checkbox"/>   |  |
| 24                             |         | 29                  |         | Trust Fund Contribution <input type="checkbox"/>          |  |
| 25                             |         | 30                  |         | \$5.00 May Be Added to Fees                               |  |

|   |  |    |  |   |  |             |  |
|---|--|----|--|---|--|-------------|--|
| 9. Name and Address of Current Registered Agent                 |  |    |  | 10. Name and Address of New Registered Agent          |  |             |  |
| GARDNER, MERCEDES<br>1813 NE 28 ST.<br>FORT LAUDERDALE FL 33306 |  |    |  | 81 Name   |  |             |  |
|   |  |    |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |             |  |
|   |  |    |  | 83  |  |             |  |
|   |  |    |  | 84 City   |  | 85 Zip Code |  |
|   |  | FL |  |   |  |             |  |

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 Mercedes Gardner, Tres. *Mercedes Gardner* 1-25-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------|---|--|
| TITLE                      | MD                   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | WARD, JANE           | 1.2 NAME  |  |
| STREET ADDRESS             | 3715 S LAKE DRIVE    | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BOYNTON BEACH FL     | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PD                   | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PAYNE, BARBARA       | 2.2 NAME  | Robert Clapp   |
| STREET ADDRESS             | 1612 S.E. 9TH STREET | 2.3 STREET ADDRESS                                    | 1050 SW 29th St.   |
| CITY-ST-ZIP                | FT. LAUDERDALE FL    | 2.4 CITY-ST-ZIP                                       | Ft. Lauderdale, FL 33315   |
| TITLE                      | TD                   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | GARDNER, MERCEDER    | 3.2 NAME  |  |
| STREET ADDRESS             | 1813 NE 28 ST        | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | FT LAUD FL           | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | S                    | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CAMPBELL, MARIAN     | 4.2 NAME  | Joyce Klendworth   |
| STREET ADDRESS             | 4321 NE 15TH TERR    | 4.3 STREET ADDRESS                                    | 75 NE 20th Ct.   |
| CITY-ST-ZIP                | FT LAUDERDALE FL     | 4.4 CITY-ST-ZIP                                       | Ft. Lauderdale 33305   |
| TITLE                      |                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 5.2 NAME  |  |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 6.2 NAME  |  |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 6.4 CITY-ST-ZIP                                       |  |

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 on an attachment with an address, with all other like empowered.

**SIGNATURE: Robert Clapp, Pres.** **SIGNATURE REQUIRED** *Robert Clapp* 22 JAN 99 (954) 741-5063  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)