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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 721587 (4)

1. Corporation Name
STONESOUP SCHOOL, INC.



Principal Place of Business: STAR RT. 1 BOX 127 CRESCENT CITY FL 32112
Mailing Address: STAR RT. 1 BOX 127 CRESCENT CITY FL 32112-9710

3. Date Incorporated or Qualified 08/25/1971	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1377321	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
WELLE, DEAN
STAR ROUTE 1 BOX 127
CRESCENT CITY FL 32112

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		DELETED
TITLE	PVD	<input type="checkbox"/> DELETE
NAME	WELLE, DEAN	
STREET ADDRESS	STAR ROUTE 1 BOX 127	
CITY - ST - ZIP	CRESCENT CITY, FL 00000	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BEEMAN, ESTHER	
STREET ADDRESS	BRUNBY ROAD	
CITY - ST - ZIP	WACISSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEEMAN, FRANK	
STREET ADDRESS	BRUNBY ROAD	
CITY - ST - ZIP	WACISSA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDITION
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	HIGHWAY 59		
2.3 STREET ADDRESS	WACISSA, FL. 32361		
2.4 CITY - ST - ZIP			
3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	HIGHWAY 59		
3.3 STREET ADDRESS	WACISSA, FL. 32361		
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 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.

SIGNATURE: *Esther Beeman* Esther Beeman 1-6-97 (904)698-2516

CR2E037 (9/96)