

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000005510 (2)**
1. Corporation Name

DUNEDIN DAY SCHOOL, INC.



Principal Place of Business: **827 JAMES STREET DUNEDIN FL 34698**
Mailing Address: **% R. HOLJES C.P.A. BOX 494 DUNEDIN FL 34697-0494**

3. Date Incorporated or Qualified: **11/04/1994**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **59-1050741**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
HOLJES HUBBARD, RALPH W CPA 1964 BAYSHORE BLVD DUNEDIN FL 34697

10. Name and Address of New Registered Agent
81 Name: **HOLJES RALPH W.**
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: *R.W. Holjes* **R.W. HOLJES** 3/13/96
Signature, typed or printed name of registered agent and the filer (if filer is not the registered agent) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	HONOLD, CLARA	
STREET ADDRESS	827 JAMES STREET	
CITY - ST - ZIP	DUNEDIN FL 34698	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HIGGINS, ANDREA	
STREET ADDRESS	1891 SADDLE HILL RD S	
CITY - ST - ZIP	DUNEDIN FL 34698	
TITLE	O	<input type="checkbox"/> DELETE
NAME	REHM, MARY	
STREET ADDRESS	1667 SPOTSWOOD CIRCLE	
CITY - ST - ZIP	PALM HARBOR FL 34683	
TITLE	OD	<input type="checkbox"/> DELETE
NAME	MILLER, CLAIR L	
STREET ADDRESS	200 GLENNES LANE	
CITY - ST - ZIP	DUNEDIN FL 34698	
TITLE	OD	<input type="checkbox"/> DELETE
NAME	MILLER, GEALE H	
STREET ADDRESS	200 GLENNES LANE	
CITY - ST - ZIP	DUNEDIN FL 34698	
TITLE	O	<input type="checkbox"/> DELETE
NAME	FAUST, JEAN-CHARLES	
STREET ADDRESS	3158 HYDE PARK DR	
CITY - ST - ZIP	CLEARWATER FL 34621	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 119.07(3)(k), 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: *R.W. Holjes* **R.W. HOLJES** 3/13/96 813 734 5405
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)