

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000040558 (5)

1. Corporation Name

ROCKING HORSE CHRISTIAN PRESCHOOL, INC.



Principal Place of Business

523 PENNSYLVANIA AVE
ST CLOUD FL 34769

Mailing Address

523 PENNSYLVANIA AVE
ST CLOUD FL 34769

3. Date Incorporated or Qualified

05/22/1995

3a. Date of Last Report

none - new

2. Principal Place of Business

2a. Mailing Address *for business*

21 1015 Tennessee Ave.

26 Same

4. FEI Number

65-0580683

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 St Cloud, FL

28 Same

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 34769

25 USA

29 34769

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHMID, MICHAEL D
523 PENNSYLVANIA AVE
ST CLOUD FL 34769

81 Name

Sharon A. Schmid

82 Street Address (P.O. Box Number is Not Acceptable)

523 Pennsylvania Ave.

83

84 City

St Cloud FL

85 State

FL

86 Zip Code

34769

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

Sharon A. Schmid, Sharon A. Schmid, owner

5-8-96

Signature, typed or printed name of registered agent (delete if applicable)

(FEI #) Registered Agent signature requires notarization DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	SCHMID, MICHAEL D	523 PENNSYLVANIA AVE	ST CLOUD FL 34769	<input type="checkbox"/>
	SCHMID, SHARON A	523 PENNSYLVANIA AVE	ST CLOUD FL 34769	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
President	Sharon A. Schmid	523 Pennsylvania Ave.	St Cloud FL 34769	<input checked="" type="checkbox"/>
Vice President	Michael D. Schmid	523 Pennsylvania Ave.	St Cloud FL 34769	<input checked="" type="checkbox"/>
Secretary	Miranda A. Schmid	523 Pennsylvania Ave.	St Cloud FL 34769	<input type="checkbox"/>
Treasurer	Melanie J. Schmid	523 Pennsylvania Ave.	St Cloud FL 34769	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Sharon A. Schmid, Sharon A. Schmid, 5/8/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Outside Phone #

(407)892-5437

CR2E034 (12/95)