

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # P95000040558 (5)**  
 1. Corporation Name  
**ROCKING HORSE CHRISTIAN PRESCHOOL, INC.**



Principal Place of Business <b>1015 TENNESSEE AVE                  ST CLOUD FL 34769                  US</b>	Mailing Address <b>1015 TENNESSEE AVE                  ST CLOUD FL 34769                  US</b>
---	---

DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
--	---

<b>3.</b> Date Incorporated or Qualified <b>05/22/1995</b>	<b>4.</b> FEI Number <b>65-0580683</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

**SHARON A. SCHMID  
 523 PENNSYLVANIA AVENUE  
 ST CLOUD FL 34769**

**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 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 DATE: 4/24/98  
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	<b>P</b>	<input type="checkbox"/>
NAME	<b>SHARON A. SCHMID</b>	
STREET ADDRESS	<b>523 PENNSYLVANIA AVE</b>	
CITY-ST-ZIP	<b>ST CLOUD FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/>
NAME	<b>MICHAEL D. SCHMID</b>	
STREET ADDRESS	<b>523 PENNSYLVANIA AVE</b>	
CITY-ST-ZIP	<b>ST CLOUD FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>MIRANDA A. SCHMID</b>	
STREET ADDRESS	<b>523 PENNSYLVANIA AVE</b>	
CITY-ST-ZIP	<b>ST. CLOUD FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/>
NAME	<b>MELANIE J. SCHMID</b>	
STREET ADDRESS	<b>523 PENNSYLVANIA AVE</b>	
CITY-ST-ZIP	<b>ST. CLOUD FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 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, owner (407) 892-5437 4/24/98

CR2E034 (10/97)