

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 # 729570 (2)
1. Corporation Name
CHILDREN'S EDUCATION CENTER OF THE ISLAND'S, INC



Principal Place of Business
**350 CASA YBEL ROAD
SANIBEL FL 33957**

Mailing Address
**350 CASA YBEL ROAD
SANIBEL FL 33957**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1974		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 59-1533336		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent

**GELBERG, LINDA S.
2440 PALM RIDGE ROAD
SANIBEL FL 33957**

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

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	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD pierce, CINDY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLNAR, BARBARA	1.2 NAME	1586 Century CT
STREET ADDRESS	590 PIEDMOND RD	1.3 STREET ADDRESS	Sanibel FL 33957
CITY-ST-ZIP	SANIBEL FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD Thompson, Kathy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIEROT, JEFFREY	2.2 NAME	5740 San-Cap Rd.
STREET ADDRESS	1693 BUNTLING LANE	2.3 STREET ADDRESS	Sanibel, FL 33957
CITY-ST-ZIP	SANIBEL FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPD Caldwell, TAD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEVER, MOLLY	3.2 NAME	Sage CT
STREET ADDRESS	2560 SANIBEL BLVD	3.3 STREET ADDRESS	Sanibel, FL 33957
CITY-ST-ZIP	SANIBEL, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD Karen Hall <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, KIRK	4.2 NAME	4330 West Gulf Dr.
STREET ADDRESS	5747 PINE TREE DR	4.3 STREET ADDRESS	Sanibel, FL 33957
CITY-ST-ZIP	SANIBEL FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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:

K Hall - Karen Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96

Date

941-472-4538

Daytime Phone

CR2E037 (12/95)