

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF
Sandra P. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 24 1996 8:00 am
Secretary of State

DOCUMENT # **743793** (2)

1. Corporation Name

FAM-CO LEARNING AND DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

**8671 LEM TURNER RD.
JACKSONVILLE FL 32208**

**8671 LEM TURNER RD.
JACKSONVILLE FL 32208**



3. Date Incorporated or Qualified
08/03/1978

3a. Date of Last Report
09/18/1995

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

4. FEI Number

59-1867609

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

10. Name and Address of New Registered Agent

**DOZIER, WILENE
2421 GRAND ST.
JACKSONVILLE FL 32208**

81 Name **Sheryl Williams-Bell**

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

8671 LEM TURNER RD.

83

84 City **JACKSONVILLE** FL 85 Zip Code **32208**

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

Sheryl Williams-Bell
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

July 22, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **GUNDER, JOHN**
STREET ADDRESS **11325 ISLAND SHORE DR. W.**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE **Executive Director** ☒ Change ☐ Addition
1.2 NAME **Sheryl Williams-Bell**
1.3 STREET ADDRESS **8671 LEM TURNER ROAD**
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32208**

TITLE **SD** ☒ DELETE
NAME **GUNDER, JERRIE F**
STREET ADDRESS **11325 ISLAND SHORE DR. W.**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
2.2 NAME **Sandra Thompson**
2.3 STREET ADDRESS **8919 Fifth Ave.**
2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32208**

TITLE **TD** ☒ DELETE
NAME **CUMMINGS, MARTHA**
STREET ADDRESS **1731 W. 5TH ST.**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **DOZIER, WILENE**
STREET ADDRESS **2421 GRAND ST.**
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **0000081983148** ☐ Change ☐ Addition
5.2 NAME **-07/24/96--01050--015**
5.3 STREET ADDRESS *****61.25**
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (3/96)