


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 22 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

Mailing Address

350 CASA YBEL ROAD
SANIBEL FL 33957

350 CASA YBEL ROAD
SANIBEL FL 33957

3. Date Incorporated or Qualified

05/06/1974

4. FEI Number

59-1533336

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

OWENS, DAVE
2440 PALM RIDGE RD
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

| | | |
|----------------|--------------------|--|
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | PIERCE, CINDY | |
| STREET ADDRESS | 1588 CENTURY COURT | |
| CITY-STATE-ZIP | SANIBEL FL | |

| | | |
|----------------|-------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | THOMPSON, KATHY | |
| STREET ADDRESS | 5740 SAN CAP ROAD | |
| CITY-STATE-ZIP | SANIBEL FL | |

| | | |
|----------------|---------------|---------------------------------|
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | CALDWELL, TAD | |
| STREET ADDRESS | SAYE COURT | |
| CITY-STATE-ZIP | SANIBEL FL | |

| | | |
|----------------|-----------------|---------------------------------|
| TITLE | TO | <input type="checkbox"/> DELETE |
| NAME | NEAL, MIKE | |
| STREET ADDRESS | 5420 SHEARWATER | |
| CITY-STATE-ZIP | SANIBEL FL | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------|--|
| 1.1 TITLE | SEC / DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | SANDY ZAHORE | |
| 1.3 STREET ADDRESS | 702 LIMPET DR | |
| 1.4 CITY-STATE-ZIP | SANIBEL FL 33957 | |

| | | |
|--------------------|------------------|--|
| 2.1 TITLE | TREAS / DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | LIZ FOWLER | |
| 2.3 STREET ADDRESS | 1747 VENUS | |
| 2.4 CITY-STATE-ZIP | SANIBEL FL 33957 | |

| | | |
|--------------------|--|---|
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-STATE-ZIP | | |

| | | |
|--------------------|----------------------|--|
| 4.1 TITLE | PRESIDENT / DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-STATE-ZIP | | |

| | | |
|--------------------|--|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-STATE-ZIP | | |

| | | |
|--------------------|--|---|
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-STATE-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 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 #

Liz Fowler 7/14/98 941/395-1797

CR2E037 (5/98)