FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

710249

(4)

THE SAA	D	DITTEAAN	HIDITED	DDE COUOOL	IMO
THE MA	K.	PHIMAN	JUPHER	PRE-SCHOOL.	INC.

Principal Place of Business							
98 CINQUEZ PARK W							

Mailing Address

98 CINQUEZ PARK W

FILED Jan 27 1997 8:00am Secretary of State



JUPITER FL 334	58	JUPITER FL 33458-3947					
					3. Date Incorporated or Qualified 01/25/1966		of Last Report /11/1996
	ace of Business inquez Pk Rd. W	2a. Mailing Address 26 98 CINQUEZ PK Rd W			4. FEI Number 59-1141608		Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			1	8.75 Additional	
22		27		5. Certificate of Status Desired	132	Fee Required	
City & State		City & State			6. Election Campaign Financing	_	\$5.00 May Be
	rer, fl	28 JUPITER, FL		Trust Fund Contribution		Added to Fees	
Zip 3345	Country 58 PALM BCH	Zip		untry	8. This corporation has liability for it		
₂₄ 3345	9. Name and Address of Current		10 P	ALM BCH	Florida Statutes 10. Name and Address of New Rec	Yes 1	
	g. Hallie and Address of Outline	riogistario rigorit	81 Name	10. Italia and reduces of italia inst	and on Ma		
OTEC: E	ANIANE						
STEELE, 6634 THI				82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)	
	FL 33458			83			
Jupit	—						
Jupit				84 City		FL	15 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the a	above-named corp	oration submits this statement for the p	urpose of ch	anging its registered
office or re agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 617.0503, Flori	ithorize ida Sta	ed by the corporati atutes.	ion's board of directors. I hereby accep	the appoin	tment as registered
SIGNATURE							
-	Signature, typed or printed name of registered agent			ed Agent signature require	<u></u>	DATE	
12.	OFFICERS AND		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	☐ DELETE		TITLE		L	Change L Addition
NAME	RYAN, SUSAN			NAME			
STREET ADDRESS	19428 GULFSTREAM DR. TEQUESTA FL 33469			STREET ADDRESS			Ì
CITY-ST-ZIP TITLE	VPD	DELETE		CITY-ST-ZIP TITLE			Change Addition
NAME	MAGROGAN, PATRICIA			NAME		_	J. G.
STREET ADDRESS	12 W RIVERSIDE DR			STREET ADDRESS			
CITY - ST - ZIP	TEQUESTA FL 33469			CITY-ST-ZIP			
TITLE	SD	DELETE		TITLE			Change Addition
NAME	STEELE, ANNIE C.		3.2	NAME			
STREET ADDRESS	6634 THIRD ST.		3.3	STREET ADDRESS			
CITY-ST-ZIP	Jupiter Fl		3.4.	CITY-ST-ZIP			
TITLE	SD	DELETE	4.1	TITLE			Change Addition
NAME	RUNNER, EDNA W.		4.2	NAME			
STREET ADDRESS	17741 CARVER AVE.		4.3	STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL		-	CITY - ST - ZIP			
TITLE	D	☐ DELETE		TITLE		. L	Change
NAME	PITTMAN, THELMA			NAME			
STREET ADDRESS	1722 76 ROAD 67			STREET ADDRESS			Į
CITY-ST-ZIP	JUPITER FL	[] beieve	_	CITY-ST-ZIP		····	Ohana 1 4 autu-
TITLE	I I	DELETE		TITLE		L	Change Addition
NAME	LAIRSEN, CLAY			NAME	· .		İ
STREET ADDRESS	3338 COLLIN DR		1	STREET ADDRESS			
CITY-ST-2IP	WEST PALM BEACH FL 33406		6.4	CITY-ST-ZiP			

14. I do 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

1/6/97

561/746-7120

Daytime Phone # 0043563