## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUI	MEN! # /10249	(4)		
THEI M	A B. PITTMAN JUPITER PRE	SCHOOL INC.		
11100,	,, C. : 14 1148 #4 00[ 1] C31 [ 1]C	. 0011001, 1110		
Principal Place	of Business	Mailing Address		
,		_		
98 CINQUEZ PM JUPITER FL 334		98 CINQUEZ PARK W JUPITER FL 33458		3. Date Incorporated or Qualified
US	•	00111211114 20109		01/25/1966 4- FEI Number Applied For
				4. FEI Number Applied For S9-1141608 Not Applicable
2. Principal Pl	ace of Business	2a. Mailing Address	04. 0	
21		26 98 Cinqu	ez PK. Ko	d. W 5. Certificate of Status Desired Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
City & State		City & State		Trust Fund Contribution   Added to Fees
23	•	28 Jupiter F	L	7. Is this nonprofit corporation a homeowners association?  Yes No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible (
24	25	29 33458 3	o Palm Bcl	h. Personal Property Tax due June 30. Yes No NA
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name Control of Control				
R01				RUIH S. LAWSON
STEELE, ANNIE 6634 THIRD ST			Address (P.O. Box Number is Not Acceptable)	
HUPITER FL 33458				11-11 SITTI SIRELLI
			OF To Code	
WEST				WEST PALM BCH FL 85 Zip Code 33407
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 original registered agent. I am familiar with, and accept the original registered agent. I am familiar with, and accept the original registered agent. I am familiar with and accept the original registered agent. I am familiar with and accept the original registered agent. I am familiar with a registered agent.				
agent. I am familiar with, and accept the oxigations of, Section 617.0503, Florida Statutes.				
SIGNATURE States S. J. aussow Ruth S. Lawson Director 1-15-98  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling)  DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	SD Change Addition
NAME	RYAN, SUSAN		1.2 NAME	Ruth S. Lawson
STREET ADDRESS	19428 GULFSTREAM DR.		1.3 STREET ADDRESS	1747 - 37+n Street
CITY-ST-ZIP	TEQUESTA FL 33469 VPD	DELETE	1.4 City-St-Zip 2.1 Title	West Palm Beach, FL 33407
NAME	MAGROGAN, PATRICIA	5	2.2 NAME	
STREET ADDRESS	12 W RIVERSIDE DR		2.3 STREET ADDRESS	
CITY - ST - ZIP	TEQUESTA FL 33469		2. 4 CITY - ST - ZIP	e e sob
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STEELE, ANNIE C.		3.2 NAME	
STREET ADDRESS	6634 THIRD ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL SD	DELETE	3.4. CITY-ST-ZIP	Change Addition
NAME	RUNNER, EDNA W.	(II) Scatic	4. 2 NAME	Thomas Boyhan
STREET ADDRESS	17741 CARVER AVE.		4.3 STREET ADORESS	Thomas Boyhan 19005 Talon Way
CITY-ST-ZIP	JUPITER FL		4.4 CITY - ST-ZIP	Tequesta, FL 33458
TITLE	D	☐ DELETE	5.1 TITLE	
NAME	PITTMAN, THELMA		5.2 NAME	Thelma Pittman
STREET ADDRESS	1722 76 ROAD 67		5.3 STREET ADDRESS	17276 Road 67
CITY-ST-ZIP TITLE	JUPITER FL.	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Jupiter, FL 33468   Change   Addition
NAME	LAIRSEN, CLAY		6.1 MAME	E Onlarige Mounton
STREET ADDRESS	3338 COLLIN DR		6.3 STREET ADDRESS	

14. I hereby certify that the information supplied with this filling 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 appaddress.

SIGNATURE:

(561)746-7120

**FILED** 

Jan 28 1998 8:00am

Secretary of State