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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 712256 (7)

1. Corporation Name

RANSOM-EVERGLADES SCHOOL, INC.



Principal Place of Business

Mailing Address

3575 MAIN HIGHWAY  
MIAMI FL 33133  
US

3575 MAIN HIGHWAY  
MIAMI FL 33133-5903  
US

3. Date Incorporated or Qualified  
02/15/1967

3a. Date of Last Report  
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-0659070

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

COTTON, JOHN P  
2945 A BRIDGEPORT AVE  
3575 MAIN HIGHWAY  
MIAMI FL 33133

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 PD  DELETE  
NAME BUERMANN  
STREET ADDRESS 6075 SE 92ND STREET  
CITY-ST-ZIP MIAMI FL

1.1 TITLE  Change  Addition  
1.2 NAME Buermann, Eric  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME GREER, EVELYN  
STREET ADDRESS 5900 SW 97TH STREET  
CITY-ST-ZIP MIAMI FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME JAVENICK, BARBARA  
STREET ADDRESS 369 LEUCADENDRA DRIVE  
CITY-ST-ZIP CORAL GABLES FL

3.1 TITLE  Change  Addition  
3.2 NAME Haverick, Barbara  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME STOKES, ELAINE  
STREET ADDRESS 121 GAVILAN  
CITY-ST-ZIP CORAL GABLES FL

4.1 TITLE  Change  Addition  
4.2 NAME Wolfe, Jody  
4.3 STREET ADDRESS 5255 N. Kendall Dr  
4.4 CITY-ST-ZIP Miami FL 33156

TITLE TD  DELETE  
NAME MCCREA, DAVID  
STREET ADDRESS 1990 TIGERTAIL AVENUE  
CITY-ST-ZIP COCONUT GROVE FL

5.1 TITLE  Change  Addition  
5.2 NAME Wolfe, Jody  
5.3 STREET ADDRESS 5255 N. Kendall Dr  
5.4 CITY-ST-ZIP Miami FL 33156

TITLE VD  DELETE  
NAME TILLET, WILLIAM  
STREET ADDRESS 10905 SNAPPER CREEK ROAD  
CITY-ST-ZIP MIAMI FL

6.1 TITLE  Change  Addition  
6.2 NAME TD  
6.3 STREET ADDRESS  
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, 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, changed, or on an attachment with an address.

SIGNATURE:

*Eric Buermann*, BUSINESS Mgr

1/3/97 305 460-8257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026668