

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

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # 713352 (3)**

1. Corporation Name

**THE MILLHOPPER NURSERY SCHOOL, INC.**



Principal Place of Business

Mailing Address

2814 N.W. 43 STREET  
P.O. BOX 7014  
GAINESVILLE FL 32606-6807

2814 N.W. 43 STREET  
P.O. BOX 7014  
GAINESVILLE FL 32606-6807

3. Date Incorporated or Qualified  
**09/20/1967**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **3303 NW 83<sup>rd</sup> St**

26 **3303 NW 83<sup>rd</sup> St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Gainesville FL**

28 **Gainesville FL**

24 Zip

Country

25 **32606**

**USA**

29 Zip

Country

30 **32606**

**USA**

4. FEI Number

**59-1174870**

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

**WINFREY, AMY  
RT. 2, BOX 134A  
US 441  
MICANOPY FL 32667**

81 Name

**Laure Frank**

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

**3628 NW 110 Terr**

83

84 City

**Gainesville**

FL

85 Zip Code

**32606**

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

*Laure Frank*

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 **PD** ☒ DELETE  
NAME **CULLINAN, MARY**  
STREET ADDRESS **935 NW 37TH DRIVE**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VPD** ☒ DELETE  
NAME **KISTLER, GINNY**  
STREET ADDRESS **5107 SW 86TH TERR.**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **TD** ☒ DELETE  
NAME **GAW, DEBORAH**  
STREET ADDRESS **RT. 1, BOX 341**  
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **ATD** ☒ DELETE  
NAME **JACOBSEN, ELAINE**  
STREET ADDRESS **2201 NW 36TH DRIVE**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☒ Addition  
1.2 NAME **Laure Frank**  
1.3 STREET ADDRESS **3628 NW 110 Terr**  
1.4 CITY-ST-ZIP **Gainesville FL 32606**

2.1 TITLE **VPD** ☒ Change ☒ Addition  
2.2 NAME **Cindi LeBlanc**  
2.3 STREET ADDRESS **435 SW 2nd St**  
2.4 CITY-ST-ZIP **Gainesville FL 32601**

3.1 TITLE **TD** ☐ Change ☒ Addition  
3.2 NAME **Jennifer Silveira**  
3.3 STREET ADDRESS **1727 NW 34th PL**  
3.4 CITY-ST-ZIP **Gainesville FL 32605**

4.1 TITLE **ATD** ☐ Change ☒ Addition  
4.2 NAME **Don Flickinger**  
4.3 STREET ADDRESS **1727 NW 34th PL**  
4.4 CITY-ST-ZIP **Gainesville FL 32605**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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:

*Laure Frank*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

(352) 331-3782

Daytime Phone #

CR2E037 (12/95)