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Jun 05 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 # 713352 (3)

1. Corporation Name

THE MILLHOPPER NURSERY SCHOOL, INC.

Principal Place of Business

Mailing Address

3303 NW 83RD ST
P.O. BOX 7014 No Post Office Box
GAINESVILLE FL 32606
US

3303 NW 83RD ST
P.O. BOX 7014 No P.O. Box
GAINESVILLE FL 32606-6227
US



3. Date Incorporated or Qualified
09/20/1967

3a. Date of Last Report
05/01/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAURE FRANK
3628 NW 110 TERRACE
US 441
GAINESVILLE FL 32608

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LAURE FRANK
STREET ADDRESS 3628 NW 110 TERRACE
CITY-ST-ZIP GAINESVILLE FL
☐ DELETE

TITLE VPD
NAME CINDI LE BLANC
STREET ADDRESS 435 SW 2ND ST
CITY-ST-ZIP GAINESVILLE FL
☒ DELETE

TITLE TD
NAME JENNIFER SILVEIRA
STREET ADDRESS 1727 NW 34TH PLACE
CITY-ST-ZIP GAINESVILLE FL
☒ DELETE

TITLE ATD
NAME DON FLICKINGER
STREET ADDRESS 1727 NW 34TH PLACE
CITY-ST-ZIP GAINESVILLE FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

1.1 TITLE ~~ANNE PD~~
1.2 NAME ANNE MURRAY
1.3 STREET ADDRESS 224 NW 28TH Terr
1.4 CITY-ST-ZIP GAINESVILLE, FL 32607
☐ Change ☒ Addition

2.1 TITLE VPD
2.2 NAME JOYCE HENRY-HEITEL
2.3 STREET ADDRESS 4002 NW 18 PL
2.4 CITY-ST-ZIP GAINESVILLE, FL 32605
☐ Change ☒ Addition

3.1 TITLE TD
3.2 NAME Jan Hsu
3.3 STREET ADDRESS 8203 N.W. 31st Ave. # C-14
3.4 CITY-ST-ZIP Gainesville FL 32606
☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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.

CP2E037 (9/96)

6/5/97

\$61.25 Bank