

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:20

DOCUMENT # 715453

(7)

1. Corporation Name

FLORIDA KINDERGARTEN COUNCIL, INC.

Principal Place of Business

Mailing Address

SUITE 612, INTERSTATE BUILDING
1211 NORTH WESTSHORE BOULEVARD
TAMPA FL 33607

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1211 NORTH WESTSHORE BOULEVARD
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1968

3a. Date of Last Report

02/15/1994

4. FEI Number

59-1910278

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REYNOLDS, NINA L
3050 MOODY AVE
ORANGE PARK FL 32065

81 Name

MARSHA BEISEL

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

THE CUSHMAN SCHOOL

83

592 N.E. 60 Street

84

City

Miami

FL

85

Zip Code

33137

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Marsha D. Beisel, Treasurer

5/22/95

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	TRINCA, SANDY
STREET ADDRESS	5620 NE 22ND AVENUE
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	DT
NAME	REYNOLDS, NINA L
STREET ADDRESS	3050 MOODY AVE
CITY - ST - ZIP	ORANGE PARK FL
TITLE	VD
NAME	MURRELL, KAY
STREET ADDRESS	7010 HANLEY ROAD
CITY - ST - ZIP	TAMPA FL
TITLE	DS
NAME	MCGHEE, BEVERLY
STREET ADDRESS	6050 SW 57 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	Marsha Beisel
23 STREET ADDRESS	592 NE 60 Street
24 CITY - ST - ZIP	Miami, FL 33137
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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(9)(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marsha D. Beisel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

305-757-8359

(Type in Block 8)