


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 715453 1. Entity Name FLORIDA KINDERGARTEN COUNCIL, INC.	
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Principal Place of Business SUITE 612, INTERSTATE BUILDING 1211 NORTH WESTSHORE BOULEVARD TAMPA, FL 33607	Mailing Address SUITE 612, INTERSTATE BUILDING 1211 NORTH WESTSHORE BOULEVARD TAMPA, FL 33607
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DO NOT WRITE IN THIS SPACE



07062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1910278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GLUHM, CHERIE L CANTERBURY SCHOOL 8141 COLLEGE PARKWAY FORT MYERS, FL 33919	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WOOD, DONNA 1450 S. ORLANDO AVE. MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOORE, M JOANNE 4811 KELLY RD TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELOACH, DEBBIE 901 N. HIGHLAND AVE. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDP LARKIN, JAMES 2418 SWANN AVE TAMPA, FL 33688
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POWELL, LYNNE 7100 DAVIS BLVD NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GASTON, KATHY 7715 SW 14 AVENUE GAINESVILLE, FL 32607

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  James J. Larkin, Jr. 7/19/04 813-286-2997	Date DeVine Phone #
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