

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90027 014 ****61.25

DOCUMENT # 715453

1. Entity Name

FLORIDA KINDERGARTEN COUNCIL, INC.



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1910278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

7. Name and Address of New Registered Agent

Name

Donna Wood

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

604 Dunblane Dr.

City

Winter Park

FL

Zip Code

32792

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

Donna Wood

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

(NOTE: Registered Agent signature required when reinstating)

April 5, 2005

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	WOOD, DONNA	
STREET ADDRESS	1450 S. ORLANDO AVE.	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, M JOANNE	
STREET ADDRESS	4811 KELLY RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELOACH, DEBBIE	
STREET ADDRESS	901 N. HIGHLAND AVE.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VDP	<input type="checkbox"/> Delete
NAME	LARKIN, JAMES	
STREET ADDRESS	2418 SWANN AVE	
CITY-ST-ZIP	TAMPA FL 33688	
TITLE	PD	<input type="checkbox"/> Delete
NAME	POWELL, LYNNE	
STREET ADDRESS	7100 DAVIS BLVD	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GASTON, KATHY	
STREET ADDRESS	7715 SW 14 AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Donna Wood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 2005 (407) 341 7705

Date

Daytime Phone #