

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 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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01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 WOOD, DONNA 604 DUNBLANE DR. WINTER PARK, FL 32792

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

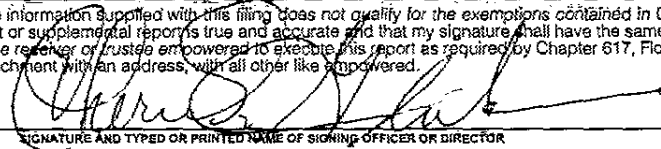
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLUHM, CHERIE 8141 COLLEGE PKWY FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAFE, ELLEN 12806 CASEY RD TAMPA, FL 33624
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	SD GASTON, KATHY 7715 SW 14 AVENUE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000583762
01/12/07-90010-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  1-4-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #