2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 715453

1. Entity Name
FLORIDA KINDERGARTEN COUNCIL, INC.

Principal Place of Business	Mailing Address
SUITE 612, INTERSTATE BUILDING 1211 NORTH WESTSHORE BOULEVARD TAMPA, FL 33607	SUITE 612, INTERSTATE BUILDING 1211 NORTH WESTSHORE BOULEVARD TAMPA, FL 33607

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02062008 No Chg-NP CR2E037 (4/06)

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

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

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GLUHM, CHERIE
STREET ADDRESS	8141 COLLEGE PKWY
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	VP
NAME	NAFE, ELLEN
STREET ADDRESS	12606 CASEY RD
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D
NAME	DELOACH, DEBBIE
STREET ADDRESS	901 N. HIGHLAND AVE.
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VDP
NAME	LARKIN, JAMES
STREET ADDRESS	2418 SWANN AVE
CITY-ST-ZIP	TAMPA, FL 33688
TITLE	SD
NAME	GASTON, KATHY
STREET ADDRESS	7715 SW 14 AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/20/08-80089-017 61.25

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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: Cherie V. Gluhm Feb. 6, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #