

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$158 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
 95 JUN 19 AM 11:33

**DOCUMENT # 723522 (9)**  
 1. Corporation Name  
**WALDORF SCHOOL ASSOCIATION OF FLORIDA, INC. THE**

Principal Place of Business Mailing Address  
 C/O C.W. WILSON, CPA 2200 N FEDERAL HWY. STE 215 BOCA RATON FL 33431 US  
 C/O C.W. WILSON CPA 2200 N FEDERAL HWY. STE 215 BOCA RATON FL 33431 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/26/1972** 3a. Date of Last Report **06/14/1994**  
 4. FEI Number **59-1414748** 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  **FILING FEE IS \$61.25**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 C/O MA Cecere, CPA 26 C/O MA CECERE, CPA  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 2200 N FEDERAL HWY #214 27 2200 N FEDERAL HWY #214  
 City & State City & State  
 23 BOCA RATON, FL 33431 28 BOCA RATON, FL 33431  
 Zip Country Zip Country  
 24 33431 25 US 29 33431 30 US

9. Name and Address of Current Registered Agent  
**MOREELL, PATRICIA**  
**346 N W 42 ST**  
**BOCA RATON, FL**  
**33431**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MOREELL, PATRICIA
STREET ADDRESS	346 N W 42 ST
CITY - ST - ZIP	BOCA RATON, FL 00000
TITLE	TD
NAME	BANTA, WALLACE E
STREET ADDRESS	3014 S W 21 TERR
CITY - ST - ZIP	DELRAY BCH, FL 00000
TITLE	PD
NAME	MAESTRALES, KAREN M.
STREET ADDRESS	3135 KINGSWOOD TERRACE
CITY - ST - ZIP	BOCA RATON, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>D</b>
43 STREET ADDRESS	<b>JEAN SCHWEIZER</b>
44 CITY - ST - ZIP	<b>4300 N OCEAN BLVD APT 3F</b>
45 CITY - ST - ZIP	<b>FT. LAUDERDALE, FL 33308</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Moreell June 15, 1995 407-391-4278  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)  
**PATRICIA MOREELL**

CR2E037 (3/95)