

3-5-97 B-2673 C
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NONPROFIT CORPORATION
 ANNUAL REPORT
 1997



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

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



Principal Place of Business Mailing Address
 C/O MA CECERE, CPA 2200 N. FEDERAL HWY #214 BOCA RATON FL 33431 US
 C/O MA CECERE, CPA 2200 N. FEDERAL HWY #214 BOCA RATON FL 33431-7741 US

3. Date Incorporated or Qualified 05/26/1972 3a. Date of Last Report 02/26/1996
 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
 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 28 Zip 29 Country 30

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

12. OFFICERS AND DIRECTORS
 TITLE DELETE
 NAME SD MOREELL, PATRICIA
 STREET ADDRESS 346 N W 42 ST
 CITY-ST-ZIP BOCA RATON, FL 00000
 TITLE DELETE
 NAME TD BANTA, WALLACE E
 STREET ADDRESS 3014 S W 21 TERR
 CITY-ST-ZIP DELRAY BCH, FL 00000
 TITLE DELETE
 NAME PD MAESTRALES, KAREN M.
 STREET ADDRESS 3135 KINGSWOOD TERRACE
 CITY-ST-ZIP BOCA RATON, FL 00000
 TITLE DELETE
 NAME D SCHWEIZER, JEAN
 STREET ADDRESS 4300 N. OCEAN BLVD. APT 3F
 CITY-ST-ZIP FT. LAUDERDALE FL
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE SEC/TREAS. Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do 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 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 (Patricia Moreell) Feb 28, 1997
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038568

CR2E037 (9/96)