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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

FILED Jan 22 1998 8:00am Secretary of State

WALDURF SCHOOL ASSOCIATION OF FLORIDA, INC. THE											
Principal Place of Business			М	Mailing Address					\$ \$0!! UB U \$00 E UF E UF B U E UF E		(1 5 151) 618 (1 166)
C/O MA CECERE. CPA 2200 N. FEDERAL HWY #214					214	4			3. Date Incorporated or Qualified 05/26/1972		
บร			US						4. FEI Number		Applied For
2 Principal F	loce of Busin	2000	122	Mailing Addross					59-1414748		Not Applicable
2. Principal Place of Business 21				2a. Mailing Address 26					5. Certificate of Status Desired	Fee	5 Additional Required
Suite, Apt. #, etc.				Suite, Apt. #, etc.				l	6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
City & State				City & State					7. Is this nonprofit corporation a homeowne		
23			28	,					☐ Yes	⊠ No	
Zip		Country		Zip	├ ─┐	untry			8. This corporation owes or has paid the cu		
24	6 No	25	29		30					∐ Yes	⊠ No
	y, Name	and Address of Curren	nt Hegis	terea Agent		81	Name		10. Name and Address of New Registered	Agent	
							Name				
MOREELL, PATRICIA 346 N W 42 ST				8			Street A	Address	s (P.O. Box Number is Not Acceptable)		
	RATON, FL					83					
33431						84	City			85 2	ip Code
11. Pursuant	to the provis	ions of Sections 617 050	12 and 6	17 1508 Florida Statut	es the a	hove	-named	COTDOTS	ation submits this statement for the nurrose of	e	a its registered
office or a	registered ag am familiar wi	ient, or both, in the State	of Floridations of	da. Such change was f, Section 617.0503, Fl	authorize orida Sta	d by tutes.	the corp	oration	ation submits this statement for the purpose o's board of directors. I hereby accept the ap	pointment	as registered
SIGNATURE			-	•						•	
	Signature, typed	t or primed name or registered age				d Agen	nt signature i	required v	when reinstating) DA'rE		
12.	,	or primed name or registered age OFFICERS ANI		CTORS	13.		nt signature r	required v	when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	_	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption sated 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:

haman 9, 1998 561-391-4278