FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 MAY 23 PM 1:06

DOCUMENT # **732304** **(1)**

1. Corporation Name
LITTLE ACORN PRE-SCHOOL, INC.

Principal Place of Business	Mailing Address
718 N W FIRST AVE CRYSTAL RIVER FL 34428 US	718 N W FIRST AVE CRYSTAL RIVER FL 34428 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1975
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1615774 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 1501 S.E. HIGHWAY 19
22: Suite, Apt. #, etc.
23: City & State: CRYSTAL RIVER, FL
24: Zip: 34429 25: Country: U.S.A.

2a. Mailing Address
26: P.O. BOX 218
27: Suite, Apt. #, etc.
28: City & State: CRYSTAL RIVER, FL
29: Zip: 34423- 30: Country: U.S.A.

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 ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent 0218

PAUL M. HAWKES, ESQ.
7655 GULF TO LAKE HWY
SUITE 13
CRYSTAL RIVER FL 32629

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	DUNN, DIANA	1.2 NAME	DOROTHY DEEN	
STREET ADDRESS	4027 N LECANTO HWY	1.3 STREET ADDRESS	7808 W. DROVER ST.	
CITY-ST-ZIP	LECANTO FL	1.4 CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	VD	2.1 TITLE	VICE PRESIDENT'D	☒ Change ☐ Addition
NAME	LANIER, DONNA	2.2 NAME	CHRIS CZUFIN	
STREET ADDRESS	6226 W PINE CIR	2.3 STREET ADDRESS	11798 W. COQUINA CT.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	2.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	PD	3.1 TITLE	PRESIDENT'D	☒ Change ☐ Addition
NAME	SESLER, LISA	3.2 NAME	SNJDY BENNETT	
STREET ADDRESS	5178 S RIVERSIDE DR	3.3 STREET ADDRESS	230 N. COUNTRY CLUB DR.	
CITY-ST-ZIP	HOMOSASSA FL	3.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	STEWART, CINDY	4.2 NAME		
STREET ADDRESS	1080 N COMMERCE TERR	4.3 STREET ADDRESS		
CITY-ST-ZIP	LECANTO FL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	DE MONTFORD, SALLY	5.2 NAME	KAY KEEN	
STREET ADDRESS	9223 N EUBANKS TERR	5.3 STREET ADDRESS	2200 W. CINDY LN.	
CITY-ST-ZIP	DUNNELLON FL 34433	5.4 CITY-ST-ZIP	LECANTO, FL 34461	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 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: Kay J. Keen KAY J. KEEN 5/18/95 527-1617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044429