

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 732304 (1)**

1. Corporation Name

**LITTLE ACORN PRE-SCHOOL, INC.**



Principal Place of Business

**1501 SW HWY 19  
CRYSTAL RIVER FL 34429  
US**

Mailing Address

**P O BOX 218  
CRYSTAL RIVER FL 34423-0218  
US**

3. Date Incorporated or Qualified  
**03/28/1975**

3a. Date of Last Report  
**05/23/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**59-1615774**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 **VP** ☒ DELETE  
NAME **DEEM, DOROTHY**  
STREET ADDRESS **7808 W DOVER ST**  
CITY-ST-ZIP **HOMOSASSA FL**

TITLE **VPD** ☒ DELETE  
NAME **CZUFIN, CHRIS**  
STREET ADDRESS **11798 W COQUINA CT**  
CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE **PD** ☐ DELETE  
NAME **BENNETT, SANDY**  
STREET ADDRESS **230 N COUNTRY CLUB DR**  
CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE **PD** ☒ DELETE  
NAME **STEWART, CINDY**  
STREET ADDRESS **1080 N COMMERCE TERR**  
CITY-ST-ZIP **LECANTO FL**

TITLE **T** ☒ DELETE  
NAME **KEEN, KAY**  
STREET ADDRESS **2200 W CINDY LANE**  
CITY-ST-ZIP **LECANTO FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP/D** ☐ Change ☒ Addition  
1.2 NAME **BLODGETT, MICHELE**  
1.3 STREET ADDRESS **1625 SE SECOND CT.**  
1.4 CITY-ST-ZIP **CRYSTAL RIVER, FL 34429**

2.1 TITLE **VP/D** ☐ Change ☒ Addition  
2.2 NAME **O'NEAL, MEGAN**  
2.3 STREET ADDRESS **326 NW MAGNOLIA CIRCLE**  
2.4 CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **T/D** ☐ Change ☒ Addition  
4.2 NAME **SPENCER, MARC**  
4.3 STREET ADDRESS **51 CHINABERRY CIRCLE**  
4.4 CITY-ST-ZIP **HOMOSASSA, FL 34448**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

**KAY J. KEEN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96**

**352-527-1617**

CR2E037 (12/95)