

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

DOCUMENT # 742844 (4)

1. Corporation Name

LEARN AND PLAY PRE-SCHOOL, INC.

Principal Place of Business

505 BLANDING BLVD.
ORANGE PARK FL 32073-2000

Mailing Address

505 BLANDING BLVD.
ORANGE PARK FL 32073-2000

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

05/10/1978

08/05/1994

4. FEI Number

59-2162546

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

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

24

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9. Name and Address of Current Registered Agent

FULLER, LAURA
3208 NANTUCKET CT
MIDDLEBURG FL 32068

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 the 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

Signature typed or printed name of registered agent and title of corporation

(NOTE: Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FULLER, LAURA
STREET ADDRESS	3208 NANTUCKET CT
CITY - ST - ZIP	MIDDLEBURG FL
TITLE	VD
NAME	WALKER, MICHELLE
STREET ADDRESS	5108 SPRINGHAVEN
CITY - ST - ZIP	ORANGE PARK FL
TITLE	TD
NAME	HARRISON, PATTI
STREET ADDRESS	30058 BEN FRANKLIN CT
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	S
NAME	NORWOOD, PAM
STREET ADDRESS	471 BAYBROOK DR
CITY - ST - ZIP	ORANGE PARK FL
TITLE	M
NAME	JUDD, PAULA
STREET ADDRESS	7004 CLOVIS RD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	☒ Change ☐ Addition
12 NAME	Suzi Ford	
13 STREET ADDRESS	2786 Birchwood Dr.	
14 CITY - ST - ZIP	Orange Park, FL 32073	
21 TITLE	VD	☒ Change ☐ Addition
22 NAME	Laura Fuller	
23 STREET ADDRESS	3208 Nantucket Ct.	
24 CITY - ST - ZIP	Middleburg FL 32068	
31 TITLE	TD	☒ Change ☐ Addition
32 NAME	Jackie Gonyon	
33 STREET ADDRESS	561 Edward Rutledge St.	
34 CITY - ST - ZIP	Orange Park, FL 32073	
41 TITLE	S	☒ Change ☐ Addition
42 NAME	Lori Lippincott	
43 STREET ADDRESS	8371 Donnell Ct.	
44 CITY - ST - ZIP	Orange Park, FL 32065	
51 TITLE	M	☒ Change ☐ Addition
52 NAME	Jillie Ann Buchman	
53 STREET ADDRESS	1434 Allen Mac Ct.	
54 CITY - ST - ZIP	Orange Park, FL 32073	
61 TITLE		☐ Change ☐ 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 this 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:

Laura P. Fuller - Laura P. Fuller 4/28/95 (004)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number