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 APR 14 AM 9:52

DOCUMENT # **749363** **(8)**

1. Corporation Name

EAGER BEAVER PRESCHOOL, INC.

Principal Place of Business	Mailing Address
1900 W HWY 44 INVERNESS FL 34453 US	1900 W HWY 44 INVERNESS FL 34453 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1979
3a. Date of Last Report: 05/17/1994
4. FEI Number: 59-2019236 ☐ 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 S. 199.032,* Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPAULDING, JENNIFER 1618 S. REGAL POINT INVERNESS FL 34452	81 Name: Debra Stanley 82 Street Address (P.O. Box Number is Not Acceptable): 3251 S. Cygnet Pt. 83 84 City: Inverness FL 85 Zip Code: 34450

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: Debra Stanley — X Debra H. Stanley 4-12-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	P/D	☑ Change ☐ Addition
NAME	BUNGO, SUSAN	1.2 NAME	DEBBIE STANLEY	
STREET ADDRESS	718 PINEAIRE ST.	1.3 STREET ADDRESS	3251 South Cygnet Point	
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP	Inverness, FL 34450	
TITLE	VD	2.1 TITLE	P/D	☑ Change ☐ Addition
NAME	STANLEY, DEBBIE	2.2 NAME	KATHY WEBB	
STREET ADDRESS	3251 S.CYGNET POINT	2.3 STREET ADDRESS	7920 E GOSPEL ISLAND RD	
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	CPD	3.1 TITLE	V/D	☑ Change ☐ Addition
NAME	SPAULDING, JENNIFER	3.2 NAME	Loren Brown	
STREET ADDRESS	1618 S. REGAL POINT	3.3 STREET ADDRESS	5860 S. Rhoda Pt.	
CITY-ST-ZIP	INVERNESS FL	3.4 CITY-ST-ZIP	Homosassa FL 34446	
TITLE	CPD	4.1 TITLE	S/D	☑ Change ☐ Addition
NAME	HARPER, MARQUITA	4.2 NAME	Carole Melso	
STREET ADDRESS	7334 APPLEWOOD DR.	4.3 STREET ADDRESS	35 S. Fillmore St	
CITY-ST-ZIP	INVERNESS FL	4.4 CITY-ST-ZIP	Beverly Hills, FL 34465	
TITLE	S	5.1 TITLE	T/D	☑ Change ☐ Addition
NAME	ELLZEY, CINDI	5.2 NAME	Sherry Fray	
STREET ADDRESS	505 HICKORY ROAD	5.3 STREET ADDRESS	11638 South Istachatta Rd	
CITY-ST-ZIP	INVERNESS FL	5.4 CITY-ST-ZIP	Floral City FL 34436	
TITLE	MD	6.1 TITLE	D	☑ Change ☐ Addition
NAME	BONELLO, CINDY	6.2 NAME	Susan Bungo	
STREET ADDRESS	5425 ANNA JO DR	6.3 STREET ADDRESS	718 Pineaire St.	
CITY-ST-ZIP	INVERNESS FL	6.4 CITY-ST-ZIP	Inverness, FL 34452	

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: X Debra H. Stanley — Debra H. Stanley — X 4-12-95 — X 904-726-9956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #