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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
10/17/1979

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEBRA STANLEY
3251 S CYGNET PT
INVERNESS FL 34450**

Delete and change to

81 Name

Judith Webb

82 Street Address (P.O. Box Number is Not Acceptable)

1415 Lakeview Drive

83

84 City

Inverness

FL

85 Zip Code

34450

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

Judith Webb Judith Webb P/D

4/17/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	DEBBIE STANLEY	3251 SOUTH CYGNET POINT	INVERNESS FL	<input checked="" type="checkbox"/>
PD	KATHY WEBB	7920 E GOSPEL ISLAND RD	INVERNESS FL	<input checked="" type="checkbox"/>
VD	LOREN BROWN	5860 S RHODA PL	HOMOSASSA FL	<input checked="" type="checkbox"/>
SD	CAROLE MELSO	35 S ELLMORE ST	BEVERLY HILLS FL	<input checked="" type="checkbox"/>
TD	SHERRY FRAY	11638 SOUTH ISTACHATTA RD	FLORAL CITY FL	<input checked="" type="checkbox"/>
D	SUSAN BUNGO	718 PINEAIRE STREET	INVERNESS FL	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	Marquita Harper	P/D	7334 E Applewood Dr	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Inverness FL 34450	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
	Judith Webb	1415 Lakeview Dr.	Inverness FL 34450	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
	Ronald Webb	1415 Lakeview Dr.	Inverness FL 34450	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Ronald D. Webb RONALD D. WEBB

4/17/96

352-726-1224

CR2E037 (12/95)