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03-02-1999 90020 033 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757915

1. Corporation Name

HAPPY HAMMOCK COOPERATIVE PRESCHOOL, INC.

Principal Place of Business

7850 S.W. 142 AVENUE
POST OFFICE BOX 960553
MIAMI FL 33296-0553

Mailing Address

7850 S.W. 142 AVENUE
POST OFFICE BOX 960553
MIAMI FL 33296-0553



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

05/07/1981

4. FEI Number

59-2031525

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

9. Name and Address of Current Registered Agent

MANHEIMER, PETER, ESQ.
14062 S.W. 80TH ST
MIAMI FL 33183

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 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 **D** ☒ DELETE
NAME **FERNANDEZ, JANINE**
STREET ADDRESS **15603 SW 102 ST**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **D** ☒ DELETE
NAME **PEREZ, KATHERINE**
STREET ADDRESS **7921 SW 136TH AVE**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **D** ☒ DELETE
NAME **HERNANDEZ, YOLANDA**
STREET ADDRESS **10645 SW 158TH PL**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **TD** ☒ DELETE
NAME **TUFFINO, KELLI**
STREET ADDRESS **12695 SW 76 TERR**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **M** ☒ DELETE
NAME **IRIBARREN, MARIE**
STREET ADDRESS **15603 SW 100 TERR**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Mary Nelson**
1.3 STREET ADDRESS **13390 SW 66 ST**
1.4 CITY-ST-ZIP **Miami, Florida 33183**

2.1 TITLE **V** ☒ Change ☐ Addition
2.2 NAME **Luchy Leiva**
2.3 STREET ADDRESS **10351 SW 154 Pl, #68**
2.4 CITY-ST-ZIP **Miami, Florida 33196**

3.1 TITLE **T** ☒ Change ☐ Addition
3.2 NAME **Martha Lander-Lazo**
3.3 STREET ADDRESS **14604 SW 56 Terrace**
3.4 CITY-ST-ZIP **Miami, Florida 33183**

4.1 TITLE **S** ☒ Change ☐ Addition
4.2 NAME **Barbara Arnosa**
4.3 STREET ADDRESS **14463 SW 50 Terrace**
4.4 CITY-ST-ZIP **Miami, Florida 33175**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **Hope Brannock,**
5.3 STREET ADDRESS **10338 SW 165 Court**
5.4 CITY-ST-ZIP **Miami, Florida 33196**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 13TH, 1999 (305) 387-2905
Date Daytime Phone #

CR2E037 (1/98)