

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra S. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762769 (8)
1. Corporation Name
COOPERATIVE EARLY SCHOOL, INC.



400001821274
-05/15/96--01001--008

Principal Place of Business Mailing Address
2014 MIDYETTE RD 2014 MIDYETTE RD
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301

3. Date of Incorporation or Qualified 3a. Date of Last Report
04/07/1982 05/24/1995
4. FEI Number Applied For
59-2394466 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

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

9. Name and Address of Current Registered Agent

PENNY CRONAUER
1555 DELANEY DR
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name Nancy Banks - Acting
82 Street Address (P.O. Box Number is Not Acceptable)
3707 Shoreline Drive
83
84 City Tallahassee FL 85 Zip Code 32311

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 617.0903, Florida Statutes.

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	<input checked="" type="checkbox"/> DELETE
NAME	CRONAUER, PENNY	
STREET ADDRESS	1555 DELANY DR	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MCNEELY, ROB	
STREET ADDRESS	2018 WAHALA NENE	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SUBER, TRACY	
STREET ADDRESS	RT 2 BOX 4640-8	
CITY - ST - ZIP	CRAWFORDVILLE FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	HARLE, CINDY	
STREET ADDRESS	2018 WAHALA NENE	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, ROSA	
STREET ADDRESS	1600 CHERYVILLE LANE	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	BANKS, NANCY	
STREET ADDRESS	3707 SHORELINE DR	
CITY - ST - ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	See separate sheet
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: Nancy Banks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96 671-4731

CR2E037 (12/95)

COOPERATIVE EARLY SCHOOL
BOARD of DIRECTORS

POSITION

HOW SEATED/TERM

CORPORATE CHAIR
Diane Murdock
Rt. 1 Box 194E
Monticello, FL 32344

elected 3/96-3/97

f/o

SECRETARY
Becky Wilkes
903 Delores Drive
Tallahassee, FL 32301

appointed 3/96-3/97

s/o

FINANCE CHAIR
Charlotte Fraser
2080 Florida Avenue
Tallahassee, FL 32303

appointed 10/95-10/96

t/p

PERSONNEL CHAIR
Vacant

appointed 10/95-10/96

c/o

FUNDRAISING CHAIR
Nancy Banks
3707 Shoreline Drive
Tallahassee, FL 32311

elected 10/95-10/96

c/o

**COMMUNITY
OUTREACH CHAIR**
Rosa Morgan
1600 Cherryhill Lane
Tallahassee, FL 32311

elected - 3/96-3/97

c/o

AT LARGE # 1
Shimon Gottschalk
2367 Moondance Trail
Tallahassee, FL 32311

elected 10/95-10/96

c/p

AT LARGE # 2
Lora Silvanima
527 East Call Street
Tallahassee, FL 32301

elected 3/96-3/97

c/o