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FILED

Mar 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762769 (8)

1. Corporation Name

COOPERATIVE EARLY SCHOOL, INC.



Principal Place of Business

Mailing Address

2014 MIDYETTE RD
TALLAHASSEE FL 323012014 MIDYETTE RD
TALLAHASSEE FL 32301-62063. Date Incorporated or Qualified
04/07/19823a. Date of Last Report
05/14/1996

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

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BANKS, NANCY
3707 SHORELINE DR.
TALLAHASSEE FL 32311

81 Name

JUNE O'MEARA

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

9467 BOYKIN RD

83

84

City TALLAHASSEE

FL

85

Zip Code 32311

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

June M. O'Meara

(NOTE: Registered Agent signature required when reinstating)

3/4/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MURDOCK, DIANE	
STREET ADDRESS	RT 1 BOX 194E	
CITY - ST - ZIP	MONTICELLO FL 32344	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WILKES, BECKY	
STREET ADDRESS	903 DELORES DR.	
CITY - ST - ZIP	TALLAHASSEE FL 32301	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FRASER, CHARLOTTE	
STREET ADDRESS	2080 FLORIDA AVE.	
CITY - ST - ZIP	TALLAHASSEE FL 32303	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BANKS, NANCY	
STREET ADDRESS	3707 SHORELINE DR.	
CITY - ST - ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JUNE O'MEARA	
1.3 STREET ADDRESS	9467 BOYKIN RD	
1.4 CITY - ST - ZIP	TALLAHASSEE, FL 32311	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MEHELLE MCCOY	
2.3 STREET ADDRESS	783 WAKULLA-ARRAN RD	
2.4 CITY - ST - ZIP	CRAWFORDVILLE, FL 32227	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ELIZABETH BRADSHAW	
3.3 STREET ADDRESS	1606 CHINNAPAKIN NENE	
3.4 CITY - ST - ZIP	TALLAHASSEE, FL 32301	
4.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARK BUTSCH	
4.3 STREET ADDRESS	1163 OLD FORT DRIVE	
4.4 CITY - ST - ZIP	TALLAHASSEE, FL 32301	
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		

14. I do 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.

SIGNATURE:

June M. O'Meara

3/4/97

Date

Daytime Phone * 0007345

CR2E037 (9/96)