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

APPROVED AND FILED
95 MAY -1 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768294 (1)

1. Corporation Name
THE ROBIN'S NEST, INC. - A CHRISTIAN NURSERY SCHOOL

Principal Place of Business	Mailing Address
1113 MICHIGAN AVE. PALM HARBOR FL 34683	1113 MICHIGAN AVE. PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1983
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2295595 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

KUCERA, CAROL J
1113 MICHIGAN AVENUE
PALM HARBOR FL 34683

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	TD	☐ Change ☒ Addition
NAME	KUCERA, CAROL J	1.2 NAME	Tina Peters	
STREET ADDRESS	225 TALLEY DRIVE	1.3 STREET ADDRESS	1131 Virginia Avenue	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	Palm Harbor, Fl 34683	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	HALL, JON	2.2 NAME	Gary Cannaday	
STREET ADDRESS	5905 WINDERMERE DR	2.3 STREET ADDRESS	875 Village Way	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	Palm Harbor, Fl 34683	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	KRAMPERT, CHERYL	3.2 NAME		
STREET ADDRESS	1237 RIDGEGROVE DR. S.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	AGISOTELIS, JAN	4.2 NAME	Pam Rosenburg	
STREET ADDRESS	1513 MICHIGAN AVE.	4.3 STREET ADDRESS	2900 Tanglewood Trail	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	Palm Harbor, Fl 34685	
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	MASON, BILL	5.2 NAME		
STREET ADDRESS	480 WILLOW LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	SD	☒ Change ☐ Addition
NAME	HYATT, LAURIE	6.2 NAME	Sarah Elliott	
STREET ADDRESS	1493 STONEHENGE WAY	6.3 STREET ADDRESS	414 Oriole Circle	
CITY-ST-ZIP	PALM HARBOR FL	6.4 CITY-ST-ZIP	Palm Harbor, Fl 34683	

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)(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: Carol J. Kucera Carol Kucera 4/28/95 813-786-1861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048132