

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90010 038 \*\*\*150.00

**DOCUMENT # F63385**

1. Corporation Name

**MEADOWBROOK COUNTRY DAY SCHOOL, INC.**



Principal Place of Business

C/O BLANCHE MCGOWAN  
4480 NW 18TH TERR  
FT. LAUDERDALE FL 33309  
US

Mailing Address

C/O BLANCHE MCGOWAN  
4480 NW 18TH TERR  
FT LAUDERDALE FL 33309  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/15/1982**

4. FEI Number

**59-2182054**

Applied For  
Not Applicable

2. Principal Place of Business

**40 Blanche McGowan**  
Suite, Apt. #, etc.

2a. Mailing Address

**5900 NE 14 Terr**  
Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

23 City & State

**Ft. Land Broward**

27 City & State

**FL**

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

24 Zip

**33334**

25 Country

**US**

29 Zip

**33334**

30 Country

**US**

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

**DANIEL WADE**  
**4480 NW 18 TERR**  
**FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name

**Blanche McGowan**

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

**5900 NE 14 Terr**

83 City

**Ft. Land.**

84 City

**FL**

85 Zip Code

**33334**

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

**Blanche McGowan**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/7/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **MCGOWAN, BLANCHE**

STREET ADDRESS **4480 NW 18TH TERR**

CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

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TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with all other like empowered.

SIGNATURE:

**Blanche McGowan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/9/99 954-491-**

DATE

DAYTIME PHONE # **9568**

CR2E034 (11/98)