

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 24 PM 3:41

DOCUMENT # K69233

(0)

1. Corporation Name

CEDARVIEW PRESCHOOL, INC.

Principal Place of Business

**3910 SAWYER LN
N PORT RICHEY FL 34652-6335
US**

Mailing Address

**3910 SAWYER LN
N PORT RICHEY FL 34652-6335
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1989

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2939663

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**

8. This corporation has liability for intangible tax under S. 193.032
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MARTIN, BONNIE M.
9610 BONNET LAKE DRIVE
NEW PORT RICHEY FL 34654**

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

(Signature: Typed or printed name of registered agent and his or her address)

(Signature: Registered Agent's printed or published name and address)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
D	MARTIN, JOHN B.	9610 BONNET LAKE DR.	NEW PORT RICHEY FL
D	MARTIN, BONNIE M.	9610 BONNET LAKE DR.	NEW PORT RICHEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	15 NAME	16 STREET ADDRESS	17 CITY, ST, ZIP	18 Change	19 Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
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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 193.032, 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 193, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE:

Bonnie M. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonnie M. Martin

2/5/95 (S13)8484733