


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90032 006 ****61.25

DOCUMENT # N01000001281 1. Entity Name FIRST PRESBYTERIAN PRESCHOOL OF BRANDON, INC.					
Principal Place of Business 121 CARVER AVE. BRANDON, FL 33510			Mailing Address 121 CARVER AVE. BRANDON, FL 33510		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01172006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-1155535				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANN, MARK 1430 OAKFIELD DR. BRANDON, FL 33511			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISS, RANDY <input checked="" type="checkbox"/> Delete 708 CALIENTE DRIVE BRANDON, FL 33511				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBETOR, PAM <input type="checkbox"/> Delete 3606 CASABA LOOP VALRICO, FL 33594				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, BRENDA <input checked="" type="checkbox"/> Delete 409 BAYFIELD DR. BRANDON, FL 33511				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODALL, ELIZABETH <input checked="" type="checkbox"/> Delete 912 VICTORIA ST. BRANDON, FL 33510				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMAND, JUDY <input type="checkbox"/> Delete 1705 SLOOP PLACE BRANDON, FL 33511				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOETTGER, KRIS <input type="checkbox"/> Delete 531 N. LARRY CIRCLE BRANDON, FL 33511				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Karen Chipman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2220 Golf Manor Blvd Valrico, FL 33594				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joseph Velez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1501 Altoona way Brandon, FL 33510				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sherry Skovgaard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2101 Dorefield cr. Valrico, FL 33594				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Judith Almand</i></u> 2-2-06 (813) 449-8828 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					