2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # N0100001281 1. Entity Name FIRST PRESBYTERIAN PRESCHOOL OF BRANDON, INC.				4	-09-2006 90032 (25	
Principal Place 121 CARVER BRANDON, FI	AVE.	Mailing Address 121 CARVER AVE. BRANDON, FL 33510		·				
2. Principal P	lace of Business	3. Mailing Address						
							101 01 (40)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP CR2	E037 (11/05)		
City & State	9	City & State	City & State		35		plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Si	tatus Desired	\$8.75 Addi	itional	
_	6. Name and Address of Currer	nt Registered Agent		7. Name and Add	iress of New Register	·	·	
NAANNI NAA	\PK		Name					
	FIELD DR.		Street Add		ss (P.O. Box Number is Not Acceptable)			
RKANDON	N, FL 33511			···				
			City	···	F	Zip Code	3	
	named entity submits this statement tions of registered agent.	for the purpose of changing its re	egistered office or re-	gistered agent, or both, in	the State of Florida. I	am familiar with,	and accept	
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SIGNATURE	Signature typed or printed name of registered age	ent and title of applicable (NOTE:	Registered Agent signalura (equired when reinstating)	DA			
SIGNATURE .	Signature, typed or printed name of registered age	· · · · · · · · · · · · · · · · · · ·	Registered Agent signature r	-	DA			
SIGNATURE .	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be	Make ch	re work payable to partment of St		
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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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

MILLELL CHINALLA

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-06

(813)449-8828