

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

**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



02222008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1155535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANN, MARK  
1430 OAKFIELD DR.  
BRANDON, FL 33511

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME CHIPMAN, KAREN  
STREET ADDRESS 2220 GOLF MANOR BLVD  
CITY-ST-ZIP VALRICO, FL 33594

TITLE D  
NAME DONOVAN, NANCY  
STREET ADDRESS 1029 LEGENDS PASS DR  
CITY-ST-ZIP VALRICO, FL 33594

TITLE D  
NAME JOHNSTON, DAVE  
STREET ADDRESS 401 SUMMERHILL DR  
CITY-ST-ZIP VALRICO, FL 33594

TITLE D  
NAME EMMONS, SUSAN  
STREET ADDRESS 3005 AVALON TERR  
CITY-ST-ZIP VALRICO, FL 33594

TITLE D  
NAME SCOBIE, KARLA  
STREET ADDRESS 4533 SWIFT CR  
CITY-ST-ZIP VALRICO, FL 33594

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000842594  
03/11/08-80037-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: *Carly O'Neill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-08 (813)689-0947