FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04929 (8)

1. Corporation Name

BIG PINE COOPERATIVE PRESCHOOL, INC.

Principal Place of Business	Mailing Address
C/O BIG PINE METHODIST CHURCH P O BOX 811 BIG PINE KEY FL 33043	C/O BIG PINE METHODIST CHURCH P O BOX 811 BIG PINE KEY FL 33043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1984
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2437656 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

NICHOLAS, PATRICIA
UNITED METHODIST CHURCH
KEY DEER BLVD
BIG PINE KEY FL 33043

10. Name and Address of New Registered Agent

81 Name: MILLER, HOPE
82 Street Address (P.O. Box Number is Not Acceptable): UNITED METHODIST CHURCH
83: KEY DEER BLVD
84 City: BIG PINE KEY FL 85 Zip Code: 33043

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: Hope Miller HOPE MILLER - DIRECTOR 4-25-95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☑ Change
NAME	PATRICIA, NICHOLAS	1.2 NAME	ROMAN, JOAN
STREET ADDRESS	RT. 2 BOX 520	1.3 STREET ADDRESS	RT. 1, BOX 511B
CITY-ST-ZIP	SUMMERLAND KEY FL	1.4 CITY-ST-ZIP	BIG PINE KEY, FL 33043
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, HOPE	2.2 NAME	
STREET ADDRESS	RT 3 BOX 286 AM	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	T ☑ Change ☐ Addition
NAME	BRYANT, TULIA CELESTE	3.2 NAME	HALLY, ROSALINDA
STREET ADDRESS	RT. 4 BOX 903	3.3 STREET ADDRESS	RT 4 BOX 939
CITY-ST-ZIP	SUMMERLAND KEY FL	3.4 CITY-ST-ZIP	SUMMERLAND KEY, FL 33042
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or typed on attachment with an address.

SIGNATURE: Hope Miller 1-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HOPE MILLER

0098317