

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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



3. Date Incorporated or Qualified

08/30/1984

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, HOPE
UNITED METHODIST CHURCH
KEY DEER BLVD
BIG PINE KEY FL 33043

81

Name

MATHIS, TINA

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

TINA MATHIS, DIRECTOR

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ROMAN, JOAN
STREET ADDRESS ROUTE 1 BOX 511B
CITY-ST-ZIP BIG PINE KEY FL

☐ DELETE

TITLE D
NAME MILLER, HOPE
STREET ADDRESS RT 3 BOX 288 AM
CITY-ST-ZIP BIG PINE KEY FL

☐ DELETE

TITLE T
NAME HALLY, ROSALINDA
STREET ADDRESS ROUTE 4 BOX 939
CITY-ST-ZIP SUMMERLAND KEY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D MATHIS, TINA

27362 ANTIGUA LN

SUMMERLAND KEY, FL 33042

D

JOYNER, CATHERINE

330 WEST SANDY CIRCLE

BIG PINE KEY, FL 33043

T

JOYNER, LORI

27989 LOBSTERTAIL TRAIL

SUMMERLAND KEY, FL 33042

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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: X Tina Mathis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

Date

872-9930

Daytime Phone #

CR2E037 (12/95)