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May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

C/O BIG PINE METHODIST CHURCH
P O BOX 811
BIG PINE KEY FL 33043

Mailing Address

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
04/29/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

MATHIS, TINA
UNITED METHODIST CHURCH
KEY DEER BLVD
BIG PINE KEY FL 33043

10. Name and Address of New Registered Agent

81 Name **Anne Swanson**
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 **Anne Swanson** **Anne Swanson Director 4-30-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **MATHIS, TINA**
STREET ADDRESS **27382 ANTIGUA LN**
CITY-ST-ZIP **SUMMERLAND KEY FL**

TITLE **D** ☐ DELETE
NAME **JOYNER, CATHERINE**
STREET ADDRESS **330 WEST SANDY CIRCLE**
CITY-ST-ZIP **BIG PINE KEY FL**

TITLE **T** ☐ DELETE
NAME **JOYNER, LORI**
STREET ADDRESS **27989 LOBSTERTAIL TRAIL**
CITY-ST-ZIP **SUMMERLAND KEY FL**

TITLE **T** ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☒ Change ☐ Addition
1.2 NAME **Anne Swanson**
1.3 STREET ADDRESS **1210 Crane Blvd**
1.4 CITY-ST-ZIP **Sugarloaf Key, FL 33042**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Sharon Heinrich**
4.3 STREET ADDRESS **30824 Pinewood Lane**
4.4 CITY-ST-ZIP **Big Pine Key, FL 33043**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

CR2E037 (9/96)