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May 19 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

4. FEI Number

59-2437656

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 C/O Big Pine United Meth Church

22 PO Box 430811

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Key Deer Blvd

27 8

City & State

City & State

23 Big Pine Key, FL

28 Big Pine Key, FL

Zip

Zip

24 33043

29 33043

County

County

30 Monroe

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWANSON, ANNE  
KEY DEER BLVD  
KEY DEER BLVD  
BIG PINE KEY FL 33043

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME SWANSON, ANNE  
STREET ADDRESS 1210 CRANE BLVD  
CITY-ST-ZIP SUGARLOAF KEY FL

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

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

TITLE T  
NAME HEINRICH, SHARON  
STREET ADDRESS 30824 PINWOOD LN  
CITY-ST-ZIP BIG PINE KEY FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Treasurer  
Angela Driscoll  
1045 Osprey Rd  
Key West, FL 33040  
Secretary

14. I 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.

SIGNATURE:

CA 40-2181-1111

February 3 1998 305 872-9930

CR2E037 (10/97)