

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90290 001 ****61.25

DOCUMENT # N04929

1. Corporation Name

BIG PINE COOPERATIVE PRESCHOOL, INC.

Principal Place of Business

C/O BIG PINE METHODIST CHURCH
KEY DEER BLVD
BIG PINE KEY FL 33043
US

Mailing Address

~~C/O BIG PINE METHODIST CHURCH~~
P O BOX 430811
BIG PINE KEY FL 33043
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

08/30/1984

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

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

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

TITLE **T** ☐ DELETE
NAME **ANGELA DRISCOLL**
STREET ADDRESS **1045 COPPITT RD**
CITY-ST-ZIP **KEY WEST FL 33040**

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

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

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

LEGIONATURE REQUIRED

May 1, 1999 **872-9930**

Date

Daytime Phone #

CR2E037 (11/98)