

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90004 029 ****61.25

DOCUMENT # N04929

1. Entity Name

BIG PINE COOPERATIVE PRESCHOOL, INC.



Principal Place of Business

**BIG PINE NEIGHBORHOOD SCHOOL
30220 OVERSEAS HWY
BIG PINE KEY FL 33043
US**

Mailing Address

**P O BOX 430811
BIG PINE KEY FL 33043
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2437656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HELMS, SHARON W.
642 DIANE AVENUE
LITTLE TORCH KEY FL 33042**

7. Name and Address of New Registered Agent

Name **Bailey Katherine**
Street Address (P.O. Box Number is Not Acceptable)
**19545 Date Palm Dr.
Sugarloaf Key,**
City **FL** Zip Code **33042**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Katherine Bailey

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HELMS, SHARON	
STREET ADDRESS	642 DIANE AVENUE	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY-RUSSO, JACQUELYN	
STREET ADDRESS	35 PALMETTO AVE	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	LEITE, BONNIE	
STREET ADDRESS	1655 SUNRISE DRIVE	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MCCULLAH, SHANNON	
STREET ADDRESS	29058 BERANIUM DRIVE	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	COLASURDO, DIANE	
STREET ADDRESS	30671 15TH ST.	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ALEXANDER	
STREET ADDRESS	27406 MARTINIQUE LANE	
CITY-ST-ZIP	BIG PINE KEY FL 33043	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bailey, Katherine	
STREET ADDRESS	19545 Date Palm Dr.	
CITY-ST-ZIP	Sugarloaf Key, FL 33042	
TITLE	Membership Coordinator	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Newbery, Lucy Ann	
STREET ADDRESS	144 Newfound Blvd.	
CITY-ST-ZIP	Big Pine Key, FL 33043	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melinda Cassis	
STREET ADDRESS	2292 S John Avery Ln	
CITY-ST-ZIP	Wd 100 Key, FL 33042	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leslie Hughes	
STREET ADDRESS	29162 Ins Dr.	
CITY-ST-ZIP	Big Pine Key, FL 33043	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Katherine Bailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #