

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90081 002 \*\*\*\*61.25

<b>DOCUMENT # N04929</b> 1. Entity Name <b>BIG PINE COOPERATIVE PRESCHOOL, INC.</b>					
Principal Place of Business <b>BIG PINE NEIGHBORHOOD SCHOOL</b> <b>30220 OVERSEAS HWY</b> <b>BIG PINE KEY, FL 33043 US</b>			Mailing Address <b>P O BOX 430811</b> <b>BIG PINE KEY, FL 33043 US</b>		
2. Principal Place of Business <b>P.O. BOX 430811</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 430811</b> Suite, Apt. #, etc.			
City & State <b>BIG PINE KEY, FL</b>		4. FEI Number <b>59-2437656</b>			
Zip <b>33042</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02242005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent <b>BAILEY, KATHERINE</b> <b>19545 DATE PALM DR.</b> <b>SUGARLOAF KEY, FL 33042</b>			7. Name and Address of New Registered Agent Name <b>ALLYSON PODPIRKA</b> Street Address (P.O. Box Number is Not Acceptable) <b>20821 8th AVE W</b> City <b>CUDJOES KEY, FL</b> Zip Code <b>33042</b>		
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 <u><i>Allyson Podpirka, Treasurer</i></u> DATE <u>2/24/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, KATHERINE 19545 DATE PALM DR. SUGARLOAF KEY, FL 33042 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PATRICIA KRAMER 2444 PENSACOLA RD BIG PINE KEY, FL 33043		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC <input checked="" type="checkbox"/> Delete NEWBERRY, LUCY ANN 144 NEWFOUND BLVD. BIG PINE KEY, FL 33043	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KATHLEEN JONES 311 CARRIBBEAN DR SUMMERLAND KEY, FL 33042		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete CASSIS, MELINDA 2292 S JOHN AVERY LANE WAJOE KEY, FL 33042	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ALLYSON PODPIRKA 20821 8th AVE W CUDJOES KEY, FL 33042		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete HUGHES, LESLIE 29162 IRIS DR. BIG PINE KEY, FL 33043	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ALLYSON PODPIRKA 20821 8th AVE W CUDJOES KEY, FL 33042		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <u><i>Patricia Kramer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2-24-05</u> Daytime Phone # <u>305 872 3283</u>			

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