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Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08468** (3)

1. Corporation Name

MISS MINNIE'S LITTLE PEOPLE PRESCHOOL, INC.

Principal Place of Business

Mailing Address

**1207 E JACKSON
1207 E. JACKSON AVE.
MT DORA FL 32757
US**

**1207 E JACKSON AVE
1207 E. JACKSON AVE.
MT DORA FL 32757-4017
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1985		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2505314		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NIX, MINNIE
1207 E. JACKSON AVENUE
MT. DORA FL 32757**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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.

Minnie Nix

June 10, 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIX, BOBBY	1.2 NAME	
STREET ADDRESS	1406 EL LIMIT AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, CARRIE	2.2 NAME	
STREET ADDRESS	P.O. BOX 59/WADSWORTH RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TANGERINE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, BARBARA	3.2 NAME	
STREET ADDRESS	1304 LOUIS COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MT. DORA FL	3.4 CITY-ST-ZIP	
TITLE	DM	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIX, MINNIE	4.2 NAME	
STREET ADDRESS	1406 E LIMIT AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MT DORA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

Minnie Nix

Walter (602) 383-1090

CR2E037 (9/96)