FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:58

DOCUMENT # **N16169** **(7)**

1. Corporation Name
FRIENDSHIP COOPERATIVE PRESCHOOL, INC.

Principal Place of Business	Mailing Address
8601 S.W. 199TH ST. MIAMI FL 33189	8601 S.W. 199TH ST. MIAMI FL 33189

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2040532 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

O'CONNELL, GERALDINE
9390 DOMINICAN DR.
MIAMI FL 33189

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President PD	☒ Change ☐ Addition
NAME	O'GRADY, KIM	1.2 NAME	Dawn Scharnow	
STREET ADDRESS	19340 BELAIRE DR.	1.3 STREET ADDRESS	8401 SW 178 ST	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33	
TITLE	VD	2.1 TITLE	Barbara Khouri VD	☒ Change ☐ Addition
NAME	SMUTNEY TERRI	2.2 NAME	Vice President	
STREET ADDRESS	9371 HAITIAN DRIVE	2.3 STREET ADDRESS	20944 SW 124 Ave Rd.	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL	
TITLE	VD	3.1 TITLE	Secretary SD	☒ Change ☐ Addition
NAME	WOOLF, DEBBIE	3.2 NAME	Lisa Coyle	
STREET ADDRESS	19320 CHRISTMAS RD.	3.3 STREET ADDRESS	18720 SW 93 CT	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL	
TITLE	SD	4.1 TITLE	Treasurer TD	☒ Change ☐ Addition
NAME	POYO, SUSAN	4.2 NAME	Carolyn Sheets	
STREET ADDRESS	8601 SW 199TH ST.	4.3 STREET ADDRESS	8700 SW 192 ST	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33157	
TITLE	TD	5.1 TITLE	Member at Large D	☒ Change ☐ Addition
NAME	TIMMONS, KRISTEN	5.2 NAME	Jill Pino	
STREET ADDRESS	8811 SW 192ND TERR.	5.3 STREET ADDRESS	21074 Grouper Dr	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL	
TITLE	D	6.1 TITLE	REMITTED BY MAY 1	☐ Change ☐ Addition
NAME	RICE, SUSAN	6.2 NAME		
STREET ADDRESS	19720 BELMONT DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Carolyn Sheets Carolyn Sheets 4/20/95 (305) 238-8602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046231