## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

A 11.11.

1. Corporation Name						
FRIENDSHIP COOPERATIVE PRESCHOOL INC.					C,	
1130						
Director I Direct	at Di ginago	Mailing Address				
Principal Place		Mailing Address				
8601 S.W. 199TH ST.						
WITHM!	E, FL 33189				3. Date Incorporated or Qualified	3a. Date of Last Report
					8-1-86	4-20-95
2. Principal Pia	ace of Business	2a. Mailing Address			4. Fet Number	Applied For
21		26	Ant H oto		59-2040532	Not Applicable <b>\$8.75</b> Additional
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	uite, Apr. #, etc.		5. Certificate of Status Desired	Fee Required
City & State	)	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for intant	gible tax under s. 199.032, ′es 🕱 No
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
2 – 2 2			81	Name		
GERALDINE, O'CONNELL			82	Street	Address (P.O. Box Number is Not Acceptable)	
9390 DOMINICAN DR.			02			
MIAC	MI, FL 33189		83			
	· e		84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the above-r	named co	rporation submits this statement for the purpose	of changing its registered office
or register familiar wi	red agent, or both, in the State of Fioric th, and accept the obligations of, Secti	a. Such change was authorize on 617.0503, Florida Statutes.	ed by the corp	oration's	board of directors. I hereby accept the appointm	iem as registered agent. Fam
SIGNATURE						DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE-  12. OFFICERS AND DIRECTORS			113.	t signature n	equired when reinstating)  ADDITIONS/CHANGES TO OFFICEF	
TITLE	L - 15		1,1 TITLE		VP/P	Change Addition
NAME	LAND SCHILLIAN	•	1.2 NAME		MIKKI SNOW CT	
STREET ADDRESS	18401 2'm' 1 18 211		1.3 STREET	ADDRESS	17220 30 17 57	
CITY-ST-Z#P	MIAMI, FL 33157		1.4 CITY-S	1 - ZIP	MIAMI, PL 33157	☐ Change
TITLE	VP/D	<b>IXI</b> DELETE	2.1 TITLE		2NO VP/S/D	Citation & Continue
NAME	BARBARA KHOURY 20944 S.W. 124 AVE	120.	2.2 NAME 2.3 STREET	ADDRECC	KIM O'GRADY 19340 BELAIRE DR.	
	MIAMI, FL 33177	, .	2.4 CITY-		MIAMI, FL 33157	
CITY-ST-ZIP TITLE	T/D	DELETE	3.1 TITLE	31-211	0/D	Change Addition
NAME	CAROLYN SHEETS		3.2 NAME		MARALYN SHEETS	**
STREET ADDRESS	8700 5W 192 5T		3 3 STREET	ADDRESS	16105 SW. 78 AVE	
CITY-ST-ZIP	MIAMI, FL 3315'	7	3.4. CITY-	ST-ZIP	MIAMI, FL 33157	
TITLE	5/D	DELETE	4.1 TITLE		+1D	Change X Addition
NAME	LIJCA AMILE		4. 2 NAME		IVIMBERLY DOGODZINS	K)
STREET ADDRESS	18722 5W 93 CM		4.3 STREET	ADDRESS	18420 S.W. 181 STI	
CITY-ST-ZIP	MIAMI, FL 33157		4.4 CITY-5	ST-ZIP	MIAMI, FL 33157	
TITLE		DELETE	5.1 TITLE		·	☐ Change ☐ Addition
NAME,			5.2 NAME			1~0.
STREET ADDRESS			5.3 STREE	ADDRESS	00000183	81680 W
CITY-ST-ZIP			5.4 CITY - 5	ST-ZIP	-05/24/960102	9 Addition
TITLE		DELETE	6.1 TITLE		***61.25	C Transition
NAME			6.2 NAME	T 1000505		J/ 312
STREET ADDRESS			6.3 STREE	t address		10-

CITY-SI-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.

Treasures 5/16/96 (305)235-3340

Daytine Phone #