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Jun 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N16169 (7)

1. Corporation Name

FRIENDSHIP COOPERATIVE PRESCHOOL, INC.

Principal Place of Business

8601 S.W. 199TH ST.
MIAMI FL 33189

Mailing Address

8601 S.W. 199TH ST.
MIAMI FL 33189-1935



3. Date Incorporated or Qualified
08/01/1986

3a. Date of Last Report
05/23/1996

2. Principal Place of Business

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Suite, Apt. #, etc.

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City & State

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2a. Mailing Address

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9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE

NAME SNOW, MIKKI
STREET ADDRESS 17220 SW 84 CT.
CITY-ST-ZIP MIAMI FL 33157

TITLE VSD ☒ DELETE

NAME OGRADY, KIM
STREET ADDRESS 19340 BELAIRE DR.
CITY-ST-ZIP MIAMI FL 33157

TITLE TD ☒ DELETE

NAME POGODZINSKI, KIMBERLY
STREET ADDRESS 8420 SW 181 ST.
CITY-ST-ZIP MIAMI FL 33157

TITLE PD ☒ DELETE

NAME SHEETS, CAROLYN
STREET ADDRESS 16105 SW 78 AVE.
CITY-ST-ZIP MIAMI FL 33157

TITLE MAT ☒ DELETE

NAME PINO, JILL
STREET ADDRESS 21074 GROUPE DR.
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE

NAME RICE, SUSAN
STREET ADDRESS 19720 BELMONT DR.
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Geraldine O'Connell
1.3 STREET ADDRESS 9390 Dominican Dr.
1.4 CITY-ST-ZIP MIAMI FL 33189

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Michelle Hoffman
2.3 STREET ADDRESS 19552 SW 134 Ave.
2.4 CITY-ST-ZIP Miami FL 33177

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Brenda Richards
3.3 STREET ADDRESS 18425 SW 88 Ct
3.4 CITY-ST-ZIP Miami FL 33157

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Karen Kraus
4.3 STREET ADDRESS 19551 Whispering Pines Rd.
4.4 CITY-ST-ZIP Miami FL 33157

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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.

CR2E037 (9/96)