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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

08/01/1986

4. FEI Number

59-2040532

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE Second Vice President (VPD) ☐ Change ☒ Addition
1.2 NAME Rosa Phillips
1.3 STREET ADDRESS 8214 SW 201 Terr.
1.4 CITY-ST-ZIP MIAMI, FL 33189

TITLE PD ☐ DELETE
NAME O'CONNELL, GERALDINE
STREET ADDRESS 9390 DOMINICAN DR
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPD ☒ DELETE
NAME HOFMAN, MICHELLE
STREET ADDRESS 19552 S.W. 134 AVE
CITY-ST-ZIP MIAMI FL

3.1 TITLE Treasurer ☐ Change ☒ Addition
3.2 NAME Kimberly Pogodzinski (TD)
3.3 STREET ADDRESS 8420 SW 181st.
3.4 CITY-ST-ZIP MIAMI, FL 33157

TITLE TD ☐ DELETE
NAME RICHARDS, BRENDA
STREET ADDRESS 18425 S.W. 88 CT
CITY-ST-ZIP MIAMI FL

4.1 TITLE First Vice President (VPD) ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD ☒ DELETE
NAME KRAUS, KAREN
STREET ADDRESS 19551 WHISPERING PINES RD
CITY-ST-ZIP MIAMI FL

5.1 TITLE Secretary ☐ Change ☒ Addition
5.2 NAME Danielle Gullage (SD)
5.3 STREET ADDRESS 8491 SW 198 ST
5.4 CITY-ST-ZIP MIAMI, FL 33189

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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: *Kimberly Pogodzinski* Kimberly Pogodzinski (Treasurer) 2-9-98 (305) 235-3340

CR2E037 (10/97)