

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90039 035 ****61.25

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DOCUMENT # N16169

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/01/1986

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

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 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
NAME PHILLIPS, ROSA
STREET ADDRESS 8214 SW 201ST TERR
CITY-ST-ZIP MIAMI FL 33189
☒ DELETE

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

TITLE T
NAME POGODZINSKI, KIMBERLY
STREET ADDRESS 8420 SW 181ST STREET
CITY-ST-ZIP MIAMI FL 33127
☒ DELETE

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

TITLE S
NAME GULLAGE, DANIELLE
STREET ADDRESS 8491 SW 198TH STREET
CITY-ST-ZIP MIAMI FL 33189
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD
1.2 NAME GULLAGE, DANIELLE
1.3 STREET ADDRESS 8491 S.W. 199 ST
1.4 CITY-ST-ZIP MIAMI, FL 33189
☐ Change ☒ Addition

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

3.1 TITLE T
3.2 NAME LISA KESSLER
3.3 STREET ADDRESS 7391 SW 165 ST
3.4 CITY-ST-ZIP MIAMI, FL 33157
☒ Change ☒ Addition

4.1 TITLE VPD
4.2 NAME MARGARET PEREZ
4.3 STREET ADDRESS 18163 SW 93 AVE
4.4 CITY-ST-ZIP MIAMI, FL 33157
☐ Change ☒ Addition

5.1 TITLE S
5.2 NAME MICHELLE HOFMANN
5.3 STREET ADDRESS 19552 S.W. 134 AVE
5.4 CITY-ST-ZIP MIAMI, FL 33177
☐ Change ☒ Addition

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

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, with all other like empowered.

SIGNATURE:

Lisa Kessler SIGNATURE REQUIRED Kessler 25 April 1999 (305) 233-7853

CR2E037 (1/98)