

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N26254 (5)

1. Corporation Name

EARLY YEARS LEARNING CENTER OF GAINESVILLE, INC.



Principal Place of Business

Mailing Address

**C/O PERI SCHIRRMACHER
3146 N.W. 13TH STREET
GAINESVILLE FL 32609**

**C/O PERI SCHIRRMACHER
3146 N.W. 13TH STREET
GAINESVILLE FL 32609**

3. Date Incorporated or Qualified
05/04/1988

3a. Date of Last Report
01/30/1995

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

4. FEI Number
59-2890729

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHIRRMACHER, PERI
3146 N.W. 13TH STREET
GAINESVILLE FL 32609**

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 NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

**DP
SCHIRRMACHER, PERI
4337 NW 29 STREET
GAINESVILLE FL**

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

**D
GADAIRE, STEVEN
2221 N. W. 21 STREET
GAINESVILLE FL**

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

**D
COLLINS, JUDY
880 N.W. 20TH ST.
GAINESVILLE FL**

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☒ DELETE

**D
SCHIPPMACHER, WILLIAM J.
4337 N.W. 29TH ST.
GAINESVILLE FL**

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP ☐ Change ☐ Addition

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

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP ☐ Change ☐ Addition

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

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: *Peri Schirmacher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **904 323-7183** Daytime Phone: #

CR2E037 (12/95)