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Apr 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N44250 (1)

1. Corporation Name

WALDEN COMMUNITY SCHOOL, INC.

Principal Place of Business

657 MINOLA DR
MIAMI SPRINGS FL 33166
US

Mailing Address

657 MINOLA DR
MIAMI SPRINGS FL 33166-6039
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/11/1991

3a. Date of Last Report

02/15/1996

4. FEI Number

65-0281897

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

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

3/29/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME QUISENBERRY, MARIAN
STREET ADDRESS 11650 WEST BISCAYNE CANAL RD
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE VPD
NAME BAKER, TED
STREET ADDRESS 9755 SW 84TH AVE
CITY-ST-ZIP N. MIAMI BEACH FL

☒ DELETE

TITLE TD
NAME ALKON, ELLYN
STREET ADDRESS 12510 SW 114TH AVE
CITY-ST-ZIP MIAMI SPRINGS FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE PRESIDENT PD
1.2 NAME MR. TED BAKER
1.3 STREET ADDRESS 9755 SW 84TH AVE.
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33199

☐ Change ☒ Addition

2.1 TITLE MS. MERCHANT MOORE - VPD
2.2 NAME 2000 BAYSHORE DRIVE #8
2.3 STREET ADDRESS MIAMI, FLORIDA 33133

☐ Change ☒ Addition

3.1 TITLE DR. JEFF TOOMER-TREASURER
3.2 NAME P.O. BOX 650144
3.3 STREET ADDRESS MIAMI, FLORIDA 33265

☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/97

(305) 884-6468

CR2E037 (9/96)