

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 # **N45900** (0)  
1. Corporation Name  
**NORLAND UNITED METHODIST PRESCHOOL, INC.**



Principal Place of Business Mailing Address  
**885 N.W. 195TH ST.** **885 N.W. 195TH ST.**  
**MIAMI FL 33169** **MIAMI FL 33169**

3. Date Incorporated or Qualified **11/05/1991** 3a. Date of Last Report **04/04/1995**  
4. FEI Number **65-0325051** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**HOLTSCLOW, DALE S**  
**18702 NW 10TH CT**  
**MIAMI FL 33169**

10. Name and Address of New Registered Agent

81 Name **MCINTOSH, MARILYN, T.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**901 N.W. 196 ST.**  
83 **MIAMI**  
84 City **MIAMI** FL 85 Zip Code **33169**

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's signature required when reappointing)

DATE

**4/22/96**

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PD **HOLTSCLOW, DALE** **18702 NW 10TH CT** **MIAMI FL**  
TD **COTTO, JOAN S** **1401 COTTONWOOD CIRCLE** **FT LAUDERDALE FL**  
VD **WALLER, JOSIE** **640 NW 199TH ST** **MIAMI FL**  
SD **HART, MURIEL** **9731 GLACIER DRIVE** **MIRAMAR FL**  
D **TATLEEN, FRANCIS** **1450 NW 196TH TERR** **MIAMI FL**  
D **MCINTOSH, MARILYN** **901 NW 196TH ST** **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE **TD**  
12 NAME **D.**  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
21 TITLE **D.**  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
31 TITLE **D.**  
32 NAME **BROWN, CONRAD**  
33 STREET ADDRESS **9290 ELM LANE**  
34 CITY-ST-ZIP **MIRAMAR, FL 33025**  
41 TITLE **SD**  
42 NAME **COMRIE, CHERYL**  
43 STREET ADDRESS **505 N.W. 214th St**  
44 CITY-ST-ZIP **MIAMI FL 33169**  
51 TITLE **VD.**  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
61 TITLE **P.D.**  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/96**

**653-5649**

CR2E037 (12/95)