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FILED

May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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.
MIAMI FL 33169**

**885 N.W. 195TH ST.
MIAMI FL 33169-3156**



3. Date Incorporated or Qualified
11/05/1991

3a. Date of Last Report
04/26/1996

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 Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARILYN, MCINTOSH T.
901 NW 196 ST
MIAMI FL 33169**

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 reappointing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **HOLTSCLAW, DALE**
CITY-ST-ZIP **18702 NW 10TH CT
MIAMI FL**

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **COTTO, JOAN S**
CITY-ST-ZIP **1401 COTTONWOOD CIRCLE
FT LAUDERDALE FL**

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BROWN, CONRAD**
CITY-ST-ZIP **9290 ELM LANE
MIRAMAR FL**

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

TITLE ☒ DELETE
NAME **SD**
STREET ADDRESS **CHERYL, COMRIE**
CITY-ST-ZIP **505 SW 214TH ST APT 104
MIAMI FL**

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME **SAIL RICKETTS.**
4.3 STREET ADDRESS **65 N.E. 212 TERRACE**
4.4 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **TATLEEN, FRANCIS**
CITY-ST-ZIP **1450 NW 196TH TERR
MIAMI FL**

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

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **MCINTOSH, MARILYN**
CITY-ST-ZIP **901 NW 196TH ST
MIAMI FL**

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

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

[Handwritten Signature] 4/14/97 (305) 2905

CR2E037 (9/96)