

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am

Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46350 (7)**

1. Corporation Name  
**MCCLELLAN PARK DAY SCHOOL, INC.**

Principal Place of Business <b>1700 SEMINOLE DR                  SARASOTA FL 34239</b>	Mailing Address <b>1700 SEMINOLE DR                  SARASOTA FL 34239</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country
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3. Date Incorporated or Qualified <b>12/06/1991</b>	
4. FEI Number <b>65-0296279</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GLEASON JEANNETTE  
 1700 SEMINOLE DR  
 SARASOTA FL 34239**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GLEASON, JEANNETTE</b>	
STREET ADDRESS	<b>1717 HILLVIEW STREET</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HORN, H. LORENZ</b>	
STREET ADDRESS	<b>1409 SOUTH LAKESHORE DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, SHEILA</b>	
STREET ADDRESS	<b>5763 RAVENWOOD DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WALLACE, DAVID</b>	
STREET ADDRESS	<b>5545 SHADOWLAWN DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LONG, STEVE</b>	
STREET ADDRESS	<b>1914 OAK STREET</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VETTER, JANE</b>	
STREET ADDRESS	<b>7423 DICKENS DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Lancaster, Marlene</b>	
1.3 STREET ADDRESS	<b>1607 South Dr.</b>	
1.4 CITY-ST-ZIP	<b>Sarasota, FL 34239</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Mazzie, Louis</b>	
2.3 STREET ADDRESS	<b>4866 Primrose Path</b>	
2.4 CITY-ST-ZIP	<b>Sarasota, FL 34240</b>	
3.1 TITLE	<b>Albano, Peggy</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>7506 Albert Tillinghast Dr.</b>	
3.3 STREET ADDRESS	<b>Sarasota, FL 34240</b>	
3.4 CITY-ST-ZIP	<b>D</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Hament, John</b>	
4.3 STREET ADDRESS	<b>1355 Roberts Bay Ln.</b>	
4.4 CITY-ST-ZIP	<b>Sarasota, FL 34242</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE \_\_\_\_\_

CR2E037 (10/97)