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Apr 25 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 # N48820 (7)

1. Corporation Name

M/O EDUCATORS, INC.

Principal Place of Business

1418 NW 97TH AVE.
HOLLYWOOD FL 33024

Mailing Address

1418 NW 97TH AVE.
HOLLYWOOD FL 33024-4464

3. Date Incorporated or Qualified
05/11/1992

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

21 12318 ROBIN HOOD Rd

Suite, Apt. #, etc.

22 HUDSON FL

City & State

23

Zip

24 34669

Country

25 USA

2a. Mailing Address

26 12318 ROBIN HOOD Rd

Suite, Apt. #, etc.

27 HUDSON FL

City & State

28

Zip

29 34669

Country

30 USA

4. FEI Number
65-0330604

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

MEREDITH, DOROTHY
1418 NW 97TH AVE.
HOLLYWOOD FL 33024

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

TITLE ☐ DELETE

NAME MEREDITH, DOROTHY
STREET ADDRESS 1418 NW 97TH AVE
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME MCCAULEY, BUTCH
STREET ADDRESS 1426 MICHIGAN AVE
CITY-ST-ZIP MIAMI BCH FL

TITLE ☐ DELETE

NAME STD LOCKWOOD, CHRISTINE
STREET ADDRESS 100 WEYBRIDGE
CITY-ST-ZIP ROYAL PALM BCH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

12318 ROBIN HOOD Rd
HUDSON FL 34669

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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

[Signature]

4/25/97

CR2E037 (9/96)