

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N51415 (0)

1. Corporation Name

RICHARDSON PLAY SCHOOL & NURSERY, INC.

Principal Place of Business

Mailing Address

206 EAST FRONIE STREET
LAKE CITY FL 32055

P O BOX 2906
LAKE CITY FL 32056
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1992

3a. Date of Last Report

07/08/1994

4. FEI Number

59-3134977

Applied For

Not Applicable

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
BROOKS, GLORIA J
206 E. FRONIE STREET
LAKE CITY FL 32055

29

30

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Gloria J. Brooks

(NOTE: Registered Agent signature required when reinstating)

January 17, 1995

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOWDEN, GLENEL
STREET ADDRESS	3004 CR 100-A
CITY - ST - ZIP	LAKE CITY FL 32055
TITLE	SD
NAME	DUNMORE, KATRINA
STREET ADDRESS	RT. 6, BOX 52
CITY - ST - ZIP	LAKE CITY FL 32055
TITLE	VD
NAME	TUNSIL, JOYCE P
STREET ADDRESS	RFD 15, BOX 1559
CITY - ST - ZIP	LAKE CITY FL 32055
TITLE	TD
NAME	TUNSIL, JEROME
STREET ADDRESS	RFD 15, BOX 1559
CITY - ST - ZIP	LAKE CITY FL 32055
TITLE	D
NAME	BOWDOIN, GLENELL
STREET ADDRESS	1215 BROADWAY STREET
CITY - ST - ZIP	LAKE CITY FL
TITLE	D
NAME	SMITH, JUSTIN
STREET ADDRESS	RT. 1, BOX 447
CITY - ST - ZIP	FT. WHITE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	☒ Change ☐ Addition
12 NAME	TUNSIL, JOYCE	
13 STREET ADDRESS	RT. 15 BOX 1559	
14 CITY - ST - ZIP	LAKE CITY, FL 32024	☐ Change ☐ Addition
21 TITLE	SD	
22 NAME	Mobley, Samuel	
23 STREET ADDRESS	3001 McFarlane Ave. Apt 46	
24 CITY - ST - ZIP	Lake City, Fl. 32055	☐ Change ☐ Addition
31 TITLE	PARNELL, ASHLEY	
32 NAME	418 County Club Rd.	
33 STREET ADDRESS	Lake City, Fl 32055	☐ Change ☐ Addition
34 CITY - ST - ZIP		
41 TITLE	TD	☐ Change ☐ Addition
42 NAME	DANDY, GLENDA	
43 STREET ADDRESS	803 Tompage Street	
44 CITY - ST - ZIP	Lake City, FL 32055	☐ Change ☐ Addition
51 TITLE	Public Relation	
52 NAME	Smith, Willie	
53 STREET ADDRESS	911 Otis Street	
54 CITY - ST - ZIP	Lake City, Fl. 32055	☐ Change ☐ Addition
61 TITLE	D	
62 NAME	Wilson, James & Erie	
63 STREET ADDRESS	5523 West Desoto Street	
64 CITY - ST - ZIP	Lake City, FL 32055	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not require any other action under the provisions of Chapter 617, Florida Statutes. I further certify 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:

Gloria J. Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1995 752-7844
DATE DAYTIME PHONE #