

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N51415** (0)

1. Corporation Name

**RICHARDSON PLAY SCHOOL & NURSERY, INC.**



Principal Place of Business <b>206 EAST FRONIE STREET LAKE CITY FL 32055</b>	Mailing Address <b>P O BOX 2936 LAKE CITY FL 32056-2936 US</b>
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3. Date incorporated or Qualified <b>10/22/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3134977</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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name <b>Caldwell, Sylvia</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1254 Lake Jeffery Road</b>
83 City, State, Zip <b>Lake City, FL 32055</b>
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 *Sylvia Caldwell* **Sylvia Caldwell, President** *April 30, 1997*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MOBLEY, SAMUEL</b>	
STREET ADDRESS <b>2403 LAKE DR</b>	
CITY- ST- ZIP <b>LAKE CITY FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE
NAME <b>WILSON, ERIE</b>	
STREET ADDRESS <b>523 W. DESOTO ST</b>	
CITY- ST- ZIP <b>LAKE CITY FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>TUNSIL, JOYCE</b>	
STREET ADDRESS <b>RT. 15, BOX 1559</b>	
CITY- ST- ZIP <b>LAKE CITY FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>RAMSON, LARONDA</b>	
STREET ADDRESS <b>RT. 18B, BOX 435</b>	
CITY- ST- ZIP <b>LAKE CITY FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>WILSON, JAMES &amp; ERIE</b>	
STREET ADDRESS <b>% 532 WEST DESOTO ST</b>	
CITY- ST- ZIP <b>FT. WHITE FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Caldwell, Sylvia</b>	
1.3 STREET ADDRESS <b>1254 Lake Jeffery Road</b>	
1.4 CITY- ST- ZIP <b>Lake City, FL 32055</b>	
2.1 TITLE <b>VP/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Parnell, Ashley</b>	
2.3 STREET ADDRESS <b>P. O. Box 221</b>	<b>N/A</b>
2.4 CITY- ST- ZIP <b>Lake City, FL 32055</b>	
3.1 TITLE <b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>LeNoir, GeNita</b>	
3.3 STREET ADDRESS <b>1445 Richardson Street</b>	
3.4 CITY- ST- ZIP <b>Lake City, FL 32055</b>	
4.1 TITLE <b>M/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Mandy, Earnestine</b>	
4.3 STREET ADDRESS <b>Rt. 18, Box 435</b>	
4.4 CITY- ST- ZIP <b>Lake City, FL 32025</b>	
5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Tunsil, Joyce P.</b>	
5.3 STREET ADDRESS <b>RFD 15, Box 1559</b>	
5.4 CITY- ST- ZIP <b>Lake City, FL 32024</b>	
6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>Mobley, Samuel E.</b>	
6.3 STREET ADDRESS <b>2403 Lake Drive</b>	
6.4 CITY- ST- ZIP <b>Lake City, FL 32055</b>	

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: *Earnestine H. Mandy* **Earnestine H. Mandy, Treasurer** *4/30/97 (904) 752-0625*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0000000**

CP2E037 (9/96)