

FILE NOW: FILING FEE IS \$61.25

Am FILED
Aug 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N51415

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 2036
LAKE CITY, FL 32056**

3. Date Incorporated or Qualified

10/22/1992

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

25

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ASHLEY L. PARNELL
418 OLD COUNTRY CLUB ROAD
LAKE CITY, FLORIDA 32055**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **PARNELL, ASHLEY**
STREET ADDRESS **418 OLD COUNTRY CLUB ROAD**
CITY - ST - ZIP **LAKE CITY, FL 32055**

TITLE **SD** ☒ DELETE

NAME **LENOIR, GENITA**
STREET ADDRESS **1445 RICHARDSON STREET**
CITY - ST - ZIP **LAKE CITY, FL 32055**

TITLE **TD** ☒ DELETE

NAME **MANDY, EARNESTINE H.**
STREET ADDRESS **1283 CENTER STREET**
CITY - ST - ZIP **LAKE CITY, FL 32055**

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 **PD** ☐ Change ☒ Addition
1.2 NAME **HUNTER, GENEVA**
1.3 STREET ADDRESS **2545 WEST HILLSBORO STREET**
1.4 CITY - ST - ZIP **32055**

2.1 TITLE **SD** ☐ Change ☒ Addition
2.2 NAME **COLES, MONET**
2.3 STREET ADDRESS **RT. 3, BOX 5360**
2.4 CITY - ST - ZIP **32038**

3.1 TITLE **TD** ☐ Change ☒ Addition
3.2 NAME **PINKSTON, MILDRED V.**
3.3 STREET ADDRESS **RT. 1, BOX 411**
3.4 CITY - ST - ZIP **LAKE CITY, FL 32055**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE **4000002625034** ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **-08/26/98--01004--049**
5.4 CITY - ST - ZIP *****61.25**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)