

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/15/2005-90081-009-\$70.00-\$70.00

FILED

05 SEP 19 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECORDED SEP 20 2005



DOCUMENT # N51415																	
1. Entity Name RICHARDSON PLAY SCHOOL & NURSERY, INC.																	
Principal Place of Business 210 EAST FRONIE STREET LAKE CITY, FL 32055			Mailing Address P O BOX 2936 LAKE CITY, FL 32056 US														
2. Principal Place of Business			3. Mailing Address														
Suite, Apt. #, etc.			Suite, Apt. #, etc.														
City & State			City & State														
Zip		Country	Zip		Country												
4. FEI Number 58-3134977			Applied For ☐ Not Applicable														
5. Certificate of Status Desired ☒			\$8.75 Additional Fee Required														
6. Name and Address of Current Registered Agent			7. Name and Address of 4590 Registered Agent														
TUNSL, JOYCE P P. O. BOX 3725 LAKE CITY, FL 32058			Name Street Address (P.O. Box Number is Not Acceptable) 579 SW Wingate Street 579 SW Wingate Street City Lake City FL Zip Code 32024														
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																	
SIGNATURE _____ Signature, name or address name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____																	
Filing Fee is \$81.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees													
		Make check payable to Florida Department of State															
10. OFFICERS AND DIRECTORS																	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1"> <tr> <td>PD TUNSL, JOYCE P P.O. BOX 3725 LAKE CITY, FL 320583725</td> <td>☐ Delete</td> </tr> <tr> <td>SD LEE, DAVIDA 3318 E TRIBBLE STREET LAKE CITY, FL 32025</td> <td>☒ Delete</td> </tr> <tr> <td>TD PINKSTON, MILDRED V RT. 1, BOX 411 LAKE CITY, FL 32055</td> <td>☐ Delete</td> </tr> <tr> <td>TD HUNTER, GENEVA 221 E WASHINGTON STREET LAKE CITY, FL 32055</td> <td>☐ Delete</td> </tr> <tr> <td>D GALLOWAY, RENTZ P.O. BOX 2936 LAKE CITY, FL 320562398</td> <td>☒ Delete</td> </tr> <tr> <td>D MASSINGIL, SHARON HWY 17 LAKE CITY, FL 32024</td> <td>☐ Delete</td> </tr> </table>					PD TUNSL, JOYCE P P.O. BOX 3725 LAKE CITY, FL 320583725	☐ Delete	SD LEE, DAVIDA 3318 E TRIBBLE STREET LAKE CITY, FL 32025	☒ Delete	TD PINKSTON, MILDRED V RT. 1, BOX 411 LAKE CITY, FL 32055	☐ Delete	TD HUNTER, GENEVA 221 E WASHINGTON STREET LAKE CITY, FL 32055	☐ Delete	D GALLOWAY, RENTZ P.O. BOX 2936 LAKE CITY, FL 320562398	☒ Delete	D MASSINGIL, SHARON HWY 17 LAKE CITY, FL 32024	☐ Delete
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																	
SIGNATURE: <u>Joyce P. Tunsil</u>		8/11/05 752-7844															
PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																	