

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51415

FILED
Sep 07, 2006
Secretary of State

Entity Name: RICHARDSON PLAY SCHOOL & NURSERY, INC.

Current Principal Place of Business:

210 EAST FRONIE STREET
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

P O BOX 2936
LAKE CITY, FL 32056 US

New Mailing Address:

FEI Number: 59-3134977 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TUNSIL, JOYCE P
579 S W WINGATE STREET
LAKE CITY, FL 32024 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TUNSIL, JOYCE P
Address: 579 S W WINGATE STREET
City-St-Zip: LAKE CITY, FL 32024

Title: SD () Delete
Name: JENKINS, COLLITA
Address: 520 NE DAVIS AVE
City-St-Zip: LAKE CITY, FL 32055

Title: TD () Delete
Name: PINKSTON, MILDRED V
Address: RT. 1, BOX 411
City-St-Zip: LAKE CITY, FL 32055

Title: TD () Delete
Name: HUNTER, GENEVA
Address: 221 E WASHINGTON STREET
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: BROWN, LINDA
Address: 334 E DAWN ST STE 202
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: MASSINGIL, SHARON
Address: HWY 17
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE P. TUNSIL

PD

09/07/2006

Electronic Signature of Signing Officer or Director

Date