

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 14 AM 9:20

DOCUMENT # N93000000276 (6)

1. Corporation Name

**MERRIDAY CENTER FOR INCLUSION IN THE CLASSROOM,
INC.**

Principal Place of Business

Mailing Address

2600 E. JACKSON ST.
ORLANDO FL 32803

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ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/22/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3155993	Applied For ☐ Not Applicable
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 ☒	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REED, WILLIAM M
2660 WEST S.R. 434
LONGWOOD FL 32779

81 Name **POPP, ROGER**
82 Street Address (P.O. Box Number is Not Acceptable)
1545 BRIERCLIFF DRIVE
83
84 City **ORLANDO** FL 85 Zip Code **32806**

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

Roger Popp **Roger Popp**

6/7/95

DATE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		☐ Change ☐ Addition	
TITLE	DP	11 TITLE	
NAME	POPP, BETTY	12 NAME	
STREET ADDRESS	2600 E. JACKSON ST.	13 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32803	14 CITY - ST - ZIP	
TITLE	DV	21 TITLE	
NAME	POPP, ROGER	22 NAME	
STREET ADDRESS	2600 E. JACKSON ST.	23 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32803	24 CITY - ST - ZIP	
TITLE	DST	31 TITLE	☒ Change ☐ Addition
NAME	MACKINNON, RAY D Jane Stuart	32 NAME	Jane Stuart
STREET ADDRESS	2600 E. JACKSON ST. 10738 Spring Buck Trail	33 STREET ADDRESS	10738 Spring Buck Trail
CITY - ST - ZIP	ORLANDO FL 32803 Orlando, FL 32825	34 CITY - ST - ZIP	Orlando, FL 32825
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	REED, WILLIAM M Alice Stuart	42 NAME	Alice Stuart
STREET ADDRESS	2660 WEST S.R. 434 10738 Spring Buck Trail	43 STREET ADDRESS	10738 Spring Buck Trail
CITY - ST - ZIP	LONGWOOD FL 32779 Orlando, FL 32825	44 CITY - ST - ZIP	Orlando, FL 32825
TITLE	D	51 TITLE	
NAME	WOLFE, ROBERT W	52 NAME	
STREET ADDRESS	% 2600 E. JACKSON ST.	53 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32803	54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Roger Popp **Roger Popp**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/95

467 894 8406