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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N94000000197 (3)

1. Corporation Name
SOUTH FLORIDA PRESCHOOL PTA, INC.

Principal Place of Business	Mailing Address
11767 S DIXIE HWY #437 MIAMI FL 33156	11767 S DIXIE HWY #437 MIAMI FL 33156-4438

3. Date Incorporated or Qualified: 01/13/1994
3a. Date of Last Report: 05/23/1996

2. Principal Place of Business
21 P.O. Box 560772
22 Suite, Apt. #, etc.
23 City & State: MIAMI, FL
24 Zip: 33156-0772
25 Country: USA

2a. Mailing Address
26 P.O. Box 560772
27 Suite, Apt. #, etc.
28 City & State: MIAMI, FL
29 Zip: 33156-0772
30 Country: USA

4. FEI Number: 65-0426221 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LYONS, DONNA
10525 SW 132 CT.
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: HOLLY EVANS
82 Street Address (P.O. Box Number is Not Acceptable): 7330 SW 165 ST
83: MIAMI, FL
84 City: MIAMI FL 85 Zip Code: 33157

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: X Holly D Evans — March 3, 1997
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	LYONS, DONNA		1.2 NAME	HOLLY EVANS	
STREET ADDRESS	10525 SW 132 CT.		1.3 STREET ADDRESS	7330 SW 165 STREET	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	WOLLMANN, JENNIFER		2.2 NAME		
STREET ADDRESS	10109 SW 60TH AVENUE		2.3 STREET ADDRESS	8885 SW 161 ST	
CITY-ST-ZIP	MIAMI FL 33156		2.4 CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	VOLUM, MADELEINE		3.2 NAME	JUDY WEGER	
STREET ADDRESS	16980 SW 83 CT.CT		3.3 STREET ADDRESS	7540 SW 122 ST	
CITY-ST-ZIP	MIAMI FL 33157		3.4 CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCAGNELLI, NICOLE		4.2 NAME		
STREET ADDRESS	6822 SW 144 TERR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	200002115782 -03/18/97--01014--032 ***61.25	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: [illegible] 3/3/97 305-255-1994