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May 05 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 # N94000003623 (5)

1. Corporation Name

ARLINGTON COUNTRY DAY SCHOOL P.T.O., INC.



Principal Place of Business

Mailing Address

5455 RIVER TRAIL ROAD SOUTH
JACKSONVILLE FL 32211

5455 RIVER TRAIL ROAD SOUTH
JACKSONVILLE FL 32277-1116

3. Date Incorporated or Qualified
07/22/1994

3a. Date of Last Report
03/26/1996

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

4. FEI Number
59-3268655

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

10. Name and Address of New Registered Agent

CRABTREE, R. R.
8375 DIX ELLIS TRAIL
SUITE 401
JACKSONVILLE FL 32256

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME NUZUM, GEORGE
STREET ADDRESS 5455 RIVER TRAIL RD. SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32211

11 TITLE D Change Addition
12 NAME Patricia Reid
13 STREET ADDRESS 5449 Glorianne Dr.
14 CITY-ST-ZIP Jacksonville, FL 32207

TITLE D DELETE
NAME NUZUM, SARAH
STREET ADDRESS 5455 RIVER TRAIL RD. SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32211

21 TITLE D Change Addition
22 NAME Donna Mengerink
23 STREET ADDRESS 10945 Kuralei Dr.
24 CITY-ST-ZIP Jacksonville, FL 32246

TITLE D DELETE
NAME BERRY, CANDACE
STREET ADDRESS 7120 WAIKIKI ROAD
CITY-ST-ZIP JACKSONVILLE FL 32218

31 TITLE D Change Addition
32 NAME Jan Smith
33 STREET ADDRESS 2036 Woodleigh Dr.
34 CITY-ST-ZIP Jacksonville, FL 32211

TITLE D DELETE
NAME TODD, PATRICIA
STREET ADDRESS 4245 BLEINHEIM PLACE
CITY-ST-ZIP JACKSONVILLE FL 32225

41 TITLE D Change Addition
42 NAME Sue Heckler
43 STREET ADDRESS 17353 Eagle Bend Dr.
44 CITY-ST-ZIP Jacksonville, FL 32226

TITLE D DELETE
NAME MOENCH, PRISCILLA
STREET ADDRESS 5455 RIVER TRAIL RD. SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32211

51 TITLE D Change Addition
52 NAME Mike Parker
53 STREET ADDRESS 3128 Hampstead Dr.
54 CITY-ST-ZIP Jacksonville, FL 32225

TITLE D DELETE
NAME SPEICHER, SHARRON
STREET ADDRESS 11851 HIDDEN HILLS DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32225

61 TITLE D Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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.

Patricia K. Reid

4-21-97 (9/24) 739-2574

CR2E037 (9/96)