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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32211

3. Date Incorporated or Qualified

07/22/1994

4. FEI Number

59-3268655

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 32277

Country

28 Zip 32277

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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 <input checked="" type="checkbox"/> DELETE
NAME	REID, PATRICIA
STREET ADDRESS	5449 GLORIANNE DR
CITY-ST-ZIP	JACKSONVILLE FL

1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sarah Nuzum
1.3 STREET ADDRESS	5455 River Trail Road, South
1.4 CITY-ST-ZIP	Jacksonville, FL 32277

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MENGERINK, DONNA
STREET ADDRESS	10945 KURALEI DR
CITY-ST-ZIP	JACKSONVILLE FL

2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kay Huston
2.3 STREET ADDRESS	11187 Schooner St.
2.4 CITY-ST-ZIP	Jacksonville, FL 32225

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SMITH, JAN
STREET ADDRESS	2036 WOODLEIGH DR
CITY-ST-ZIP	JACKSONVILLE FL

3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Shirley Dasher
3.3 STREET ADDRESS	1951 Leon Road
3.4 CITY-ST-ZIP	Jacksonville, FL 32246

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HECKLER, SUE
STREET ADDRESS	17353 EAGLE BEND DR
CITY-ST-ZIP	JACKSONVILLE FL

4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Candy Berry
4.3 STREET ADDRESS	7120 Waikiki Road
4.4 CITY-ST-ZIP	Jacksonville, FL 32216

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PARKER, MIKE
STREET ADDRESS	3128 HAMPSTEAD DR
CITY-ST-ZIP	JACKSONVILLE FL

5.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jodie Mason
5.3 STREET ADDRESS	11127 Caroline Crest Drive
5.4 CITY-ST-ZIP	Jacksonville, FL 32225

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

Sarah Nuzum **SARAH NUZUM, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0007025

CR2E037 (10/97)