


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jan 22, 1999 8:00am**  
**Secretary of State**

01-22-1999 90054 008 \*\*\*\*61.25



NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000003623**

1. Corporation Name

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

Principal Place of Business

**5455 RIVER TRAIL ROAD SOUTH  
JACKSONVILLE FL 32277  
US**

Mailing Address

**5455 RIVER TRAIL ROAD SOUTH  
JACKSONVILLE FL 32277  
US**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
<b>21</b>	<b>26</b>	<b>07/22/1994</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
<b>22</b>	<b>27</b>	<b>59-3268655</b>
City & State	City & State	Applied For
<b>23</b>	<b>28</b>	<b>Not Applicable</b>
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
<b>24</b>	<b>25</b>	<b>\$8.75 Additional Fee Required</b>
<b>29</b>	<b>30</b>	6. Election Campaign Financing <input type="checkbox"/>
		<b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NUZUM, SARAH		1.2 NAME		
STREET ADDRESS	5455 RIVER TRAIL ROAD, SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32277		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUSTON, KAY		2.2 NAME		
STREET ADDRESS	11187 SCHOONER ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DASHER, SHIRLEY		3.2 NAME		
STREET ADDRESS	1951 LEON ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32246		3.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERRY, CANDY		4.2 NAME		
STREET ADDRESS	7120 WAIKIKI ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32216		4.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASON, JODIE		5.2 NAME		
STREET ADDRESS	11127 CAROLINE CREST DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		5.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

*Sarah Nuzum* Sarah Nuzum

743-6523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)