

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

ANNUAL REPORT

1995



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APPROVED
(AND)
FILED

95 MAY -1 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005010 (3)

THE COUNTRY DAY SCHOOL OF CENTRAL FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

1759 W BROADWAY SUITE 8 OVIEDO FL 32765		1759 W BROADWAY SUITE 8 OVIEDO FL 32765		3. Date first incorporated or qualified 10/11/1994		3a. Date of Last Report	
2. Principal Place of Business 21. 201 E. Pine St Suite Apt. # 500 City & State 23. Orlando FL 24. 32802		2a. Mailing Address 26. P.O. Box 195877 Suite Apt. # 500 City & State 28. Winter Springs FL 29. 32708		4. FID Number 59-327-6807		5. Certificate of Status (Required) ☐ \$8.75 Additional Fee Required	
				6. The corporation is preparing Trust for its incorporation ☐ \$5.00 May Be Added to Fees		7. Nonprofit with 4945 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required	
				8. The corporation has liability for intangible tax under G.S. 193.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent KIPI, JEFFREY T 1759 W BROADWAY SUITE 8 OVIEDO FL 32765				10. Name and Address of New Registered Agent 81. Name Douglas E. Starcher 82. Street Address (P.O. Box Number is Not Acceptable) 201 E. Pine St 83. Suite 500 84. City Orlando FL 85. Zip Code 32802			
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11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by the laws of the State of Florida, and that the same has been filed for record in the office of the Secretary of State, and that the same is a true and correct copy of the annual report of the corporation as required by the laws of the State of Florida, and that the same is a true and correct copy of the annual report of the corporation as required by the laws of the State of Florida.

SIGNATURE: *Douglas E. Starcher* 4/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS (Add as many as necessary)	
NAME	T. MILLER, MARGARET W 1181 NEW CASTLE CT OVIEDO FL 32765	NAME	D. Evans, Robert A. PhD 470 Central Pkwy W. Altamonte Springs FL 32714
NAME	T. MILLER, JEFFREY A 1181 NEW CASTLE CT OVIEDO FL 32765	NAME	D. Peach, Kenneth 8154 Cloverglenn Cir. Orlando FL 32818
NAME	T. KOO, MELISSA B 1087 DEES DR OVIEDO FL 32765	NAME	D. Ross, Laura 620 Daren Ct Winter Springs FL 32708
NAME		NAME	C/P/D Miller, Margaret W 1181 New Castle Ct Oviedo FL 32765
NAME		NAME	V/T/D Miller, Jeffrey A 1181 New Castle Ct Oviedo FL 32765
NAME		NAME	S/D Koo, Melissa B 1087 Dees Dr Oviedo FL 32765

14. I, the undersigned, do hereby certify that the information supplied with this filing is voluntarily furnished and shown to be true and correct, and that the same is a true and correct copy of the annual report of the corporation as required by the laws of the State of Florida, and that the same is a true and correct copy of the annual report of the corporation as required by the laws of the State of Florida, and that the same is a true and correct copy of the annual report of the corporation as required by the laws of the State of Florida.

SIGNATURE: *Margaret W. Miller* 4/26/95 (407) 366-3795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Margaret W. Miller