


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005010 (3)**

1. Corporation Name

THE COUNTRY DAY SCHOOL OF CENTRAL FLORIDA, INC.



Principal Place of Business 201 E PINE ST. SUITE 500 ORLANDO FL 32802 US		Mailing Address P.O. BOX 195877 WINTER SPRINGS FL 32719-5877 US	
2. Principal Place of Business 21 1231 North Brassie Dr.		2a. Mailing Address 26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State 23 Winter Springs FL 32708		27 City & State 28	
Zip 24 32708		Country 25 USA	
Country		Country	
3. Date Incorporated or Qualified 10/11/1994		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-3276807		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent STARCHER, DOUGLASS E. 201 E PINE ST. SUITE 500 ORLANDO FL 32802		10. Name and Address of New Registered Agent 81 Name: Starcher, Douglas E. 82 Street Address (P.O. Box Number Not Acceptable): Suite 1100 83 390 North Orange Avenue 84 City: Orlando FL 85 Zip Code: 32801	
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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 _____

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	MILLER, MARGARET W	1.2 NAME	
STREET ADDRESS	1181 NEW CASTLE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JEFFREY A	2.2 NAME	
STREET ADDRESS	1181 NEW CASTLE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOO, MELISSA B	3.2 NAME	
STREET ADDRESS	1087 DEES DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, ROBERT A. P	4.2 NAME	
STREET ADDRESS	470 CENTRAL PKWY. W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVITO, CAROL	5.2 NAME	
STREET ADDRESS	107 BENNETTS FARM RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEFIELD CT	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, LAURA	6.2 NAME	
STREET ADDRESS	620 DARON CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	6.4 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.

SIGNATURE _____

CR2E037 (9/96)