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May 14 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005010 (3)

1. Corporation Name

THE COUNTRY DAY SCHOOL OF CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

1231 NORTH BRASSIE DR.
WINTER SPRINGS FL 32708
US

P.O. BOX 195877
WINTER SPRINGS FL 32708
US

3. Date Incorporated or Qualified

10/11/1994

4. FEI Number

59-3276807

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

Country

28 Zip

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

STARCHER, DOUGLASS E.
STE. 1100
390 NORTH ORANGE AVE.
ORLANDO FL 32801

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 PD
NAME MILLER, MARGARET W
STREET ADDRESS 1181 NEW CASTLE CT
CITY-ST-ZIP OVIEDO FL

TITLE VTD
NAME MILLER, JEFFREY A
STREET ADDRESS 1181 NEW CASTLE CT
CITY-ST-ZIP OVIEDO FL

TITLE SD
NAME KOO, MELISSA B
STREET ADDRESS 1087 DEES DR
CITY-ST-ZIP OVIEDO FL

TITLE D
NAME EVANS, ROBERT A. P
STREET ADDRESS 470 CENTRAL PKWY. W.
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE D
NAME DEVITO, CAROL
STREET ADDRESS 107 BENNETTS FARM RD.
CITY-ST-ZIP RIDGEFIELD CT

TITLE D
NAME ROSS, LAURA
STREET ADDRESS 620 DARON CT.
CITY-ST-ZIP WINTER SPRINGS FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

M. Miller

5/1/98

(407) 694-8242

CP2E037 (10/97)