## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9400005010

1. Corporation Name

THE COUNTRY DAY SCHOOL OF CENTRAL FLORIDA, INC.

Principal Place of Business
1231 NORTH BRASSIE DR.
WINTER SPRINGS FL 32708
ne

Mailing Address

P.O. BOX 195877 WINTER SPRINGS FL 32708

## **FILED** Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90043 016 \*\*\*\*70.00



2. Principal Place	of Business	2a	Mailing Address			3.	Date Incorporated or Qualifed 10/11/1994		,		
Suite, Apt. #, e	, <del></del>	26	Suite, Apt. #, etc.	<del>-</del>		4.	FEI Number		Applied For		
Suite, Apt. #, e	stc.	27	Cuito, ript. II, oto.			}	59-3276807		Not Applicable		
City & State		28	City & State			5.	Certificate of Status Desired	X	\$8.75 Additional Fee Required		
Zip 24	Country 25	29	Zip 30	Country		6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81	Name						
STARCHER, DOUGLASS E.				82	Street Addre	ddress (P.O. Box Number is Not Acceptable)					
STE. 1100 390 NORTH ORANGE AVE.			83								
orlando fl	. 32801			84	City			FL	85 Zip Code		
office or regis	he provisions of Sections 617.05 stered agent, or both, in the Statemiliar with, and accept the obligations.	e of Flori	da. Such change was autho	rized by I	the corporation	ratio	n submits this statement for the property of directors. I hereby accept	urpose of c the appoint	hanging its registered lment as registered		

agent. i a	m familiar with, and accept the obligations of, Section	11 0 11 .0000, 1 10110	a Otatules.			ľ				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	le /NOTE: Re	gistered Agent signature n	equired when reinstating) DATE						
12. OFFICERS AND DIRECTORS ,			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PD	X DELETE	1.1 TITLE	President_	Change	Addition				
NAME	MILLER, MARGARET W		1.2 NAME	Timothy Pribilski						
STREET ADDRESS	A AAA NIENI AAATI E OT		1.3 STREET ADDRESS	285 Eagle Knob Pointe		·				
CITY-ST-ZIP	OVIEDO FL		1.4 CITY-ST-ZIP	Lake Mary (Fl 32746						
TITLE	VTD	DELETE	2.1 TITLE	Vice-President	Change	Addition				
NAME	MILLER, JEFFREY A	<b>/</b>	2.2 NAME	TERRY WI REVINOUS	•					
STREET ADDRESS	The second secon	• • •	2.3 STREET ADDRESS	1561 CHESTNUT AVE		-				
	OVIEDO FL		2,4 CITY-ST-ZIP	WINTER PARK, FL 32789						
CITY-ST-ZIP	D	W DELETE	3.1 TITLE	TREASURER	☐ Change	Addition				
NAME	EVANS, ROBERT A. P	<b>1</b>	3.2 NAME	or Nichael Johnson		•				
	470 CENTRAL PKWY. W.		3.3 STREET ADDRESS	1032 catfish Creek Circle		'				
STREET ADDRESS			3.4, CITY-ST-ZIP	Ovicao, F1 32765						
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	(D) DELETE	4.1 TITLE	DECRETARY .	Change	Addition				
TITLE	D OCUTO CADOL	X	4.2 NAME	lonula Pribilski						
NAME	DEVITO, CAROL			285 Eagle Knob Pointe		1				
STREET ADDRESS	[		4.3 STREET ADDRESS	take mary, Fla 32746						
CITY-ST-ZIP	RIDGEFIELD CT	M or tre	4.4 CITY-ST-ZIP	2.40.	Change	Addition				
TITLE	D	DELETE	5.1 TITLE 5.2 NAME	Margaret W. Miller 85a North Brookshade PK		A Addition				
NAME	ROSS, LAURA			852 North Brookshade PR	.wy					
STREET ADDRESS			5.3 STREET ADDRESS	Alpha Petta, Ga 30004						
CITY-ST-ZIP	WINTER SPRINGS FL		5.4 CITY-ST-ZIP		C7 C1	SS a dallata				
TITLE .		DELETE	6.1 TITLE	Director	Change	Addition				
NAME	1		6.2 NAME	Seffrey A Miller 852 North Brookshade PK	ωγ					
STREET ADDRESS			6.3 STREET ADDRESS	892 Novin Drooks	,					
			64 CITY-ST-ZIP	Minha retta Ga. 30004						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 copporation 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 of the copporation of the receiver or trustee empowered.

**SIGNATURE:** 

Director

Dr. Patricia K. Johnson 1032 Catfish Creck Circle Oviedo, Fl 32765

Director
Patricia L. Reynolds
1561 Chestnut Ave
Winter Park, Fl 32789