FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N94000005510 (2)

1. Corporation Name
DUNEDIN DAY SCHOOL, INC.

Principal Place of Business
827 JAMES STREET
DUNEDIN FL 34698

Mailing Address
c/o R. HOLJES, C.P.A.
[redacted] Box 494
DUNEDIN FL 34697-0494

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1994
3a. Date of Last Report:
4. FEI Number: 59-1956741 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **($68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HUBBARD, JOHN G
595 MAIN STREET
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name: RALPH W. HOLJES, C.P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1964 Bayshore Blvd.
83:
84 City: Dunedin, FL 85 Zip Code: 34697

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/18/95
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	P	1.1 TITLE	President - Treasurer ☒ Change ☐ Addition
NAME	HONOLD, CLARA	1.2 NAME	
STREET ADDRESS	827 JAMES STREET	1.3 STREET ADDRESS	DIRECTOR
CITY-ST-ZIP	DUNEDIN FL 34698	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	HUBBARD, JOHN G	2.2 NAME	Andrea Higgins
STREET ADDRESS	1802 HARVARD AVENUE	2.3 STREET ADDRESS	1891 Saddle Hill Rd. S.
CITY-ST-ZIP	DUNEDIN FL 34698	2.4 CITY-ST-ZIP	~~Dunedin, Fla. 34698~~
TITLE		3.1 TITLE	officer: MARY REHM ☐ Change ☒ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	1667 Spottswood Circle
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palm Harbor, Fla. 34683
TITLE		4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	officer: CLAIR L. MILLER DIRECTOR
STREET ADDRESS		4.3 STREET ADDRESS	200 Glennes Lane
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Dunedin, Fla. 34698
TITLE		5.1 TITLE	officer ☐ Change ☒ Addition
NAME		5.2 NAME	GEALE H. MILLER DIRECTOR
STREET ADDRESS		5.3 STREET ADDRESS	200 Glennes Lane
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Dunedin, Fla. 34698
TITLE		6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	officer: Jean-Charles Faust
STREET ADDRESS		6.3 STREET ADDRESS	3158 Hyde Park Dr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Clearwater, Fla. 34621

$8.75 check

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 electronic 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: Clara Honold 4/28/95 (813) 733-1922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Clara Honold

0000004