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Feb 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
C. HONOLD
827 JAMES STREET
DUNEDIN FL 34698

Mailing Address

HOLJES, RALPH W.
1984 BAYSHORE BLVD
DUNEDIN FL 34697



3. Date Incorporated or Qualified 11/04/1994
3a. Date of Last Report 03/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number
59-1050741

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLJES, RALPH W
1984 BAYSHORE BLVD
DUNEDIN FL 34697

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 PTD
NAME HONOLD, CLARA
STREET ADDRESS 827 JAMES STREET
CITY-ST-ZIP DUNEDIN FL 34698

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

TITLE S
NAME HIGGINS, ANDREA
STREET ADDRESS 1891 SADDLE HILL RD S
CITY-ST-ZIP DUNEDIN FL 34698

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

TITLE O
NAME REHM, MARY
STREET ADDRESS 1867 SPOTSWOOD CIRCLE
CITY-ST-ZIP PALM HARBOR FL 34683

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

TITLE OD
NAME MILLER, CLAIR L
STREET ADDRESS 200 GLENNES LANE
CITY-ST-ZIP DUNEDIN FL 34698

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

TITLE OD
NAME MILLER, GEALE H
STREET ADDRESS 200 GLENNES LANE
CITY-ST-ZIP DUNEDIN FL 34698

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

TITLE O
NAME FAUST, JEAN-CHARLES
STREET ADDRESS 3158 HYDE PARK DR
CITY-ST-ZIP CLEARWATER FL 34621

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: Clara Honold CLARA HONOLD 2/3/97 (813) 733-1922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0069316

CR2E037 (9/96)