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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003861

1. Corporation Name

MORNINGSTAR LEARNING CENTER INC.

Principal Place of Business

8200 BEE RIDGE RD
SARASOTA FL 34241

Mailing Address

P O BOX 5502
SARASOTA FL 34277-5502



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/14/1995

4. FEI Number

59-3376870

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

9. Name and Address of Current Registered Agent

DITCHFIELD, STANLEY
2825 PINECREST ST
SARASOTA FL 34239

(Same)

10. Name and Address of New Registered Agent

81 Name

DITCHFIELD, STANLEY

82 Street Address (P.O. Box Number is Not Acceptable)

7173 W. COUNTRY CLUB DR. N

83

Apt 141

84 City

SARASOTA

FL

85 Zip Code

34243

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

TITLE PD ☐ DELETE

NAME JACQUELIN D. HOLLAND

STREET ADDRESS 2825 PINECREST ST

CITY-ST-ZIP SARASOTA FL

TITLE VDTD ☐ DELETE

NAME STANLEY DITCHFIELD

STREET ADDRESS 2825 PINECREST ST

CITY-ST-ZIP SARASOTA FL

TITLE DS ☐ DELETE

NAME JOAN DITCHFIELD

STREET ADDRESS 2825 PINECREST ST

CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

7173 W. COUNTRY CLUB DR. N.
Apt 141, SARASOTA FL 34243

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

7173 W. COUNTRY CLUB DR. N.
Apt 141, SARASOTA FL 34243

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D
Mrs. WENDY GIANCOLI
1616 Adams Dr. W.
SUFFOLK, VA 23433

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D
Mrs. DONNA KUTINSKY
1121 Honore Ave
SARASOTA, FL 34232

6.1 TITLE ☐ Change ☐ Addition

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 with all other like empowered.

SIGNATURE:

Stanley Ditchfield
Stanley Ditchfield
Director/Treasurer

1/14/99 (94) 377 6484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)