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

NONPROFIT **CORPORATION ANNUAL REPORT** 

1997

2. Principal Place of Business

SUMMERS, DEBBIE

1801 N.E. 6TH STREET

POMPANO BEACH FL 33060

Sulte, Apt. #, etc.

City & State

Zip

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N95000005803 (0) DOCUMENT #

POMPANO BEACH PRESCHOOL PTC INC.

Country

9. Name and Address of Current Registered Agent

Principal Place of Business Mailing Address 1801 N.E. 6TH STREET 1801 N.E. 6TH STREET POMPANO BEACH FL 33060 POMPANO BEACH FL 33060-6538

2a. Mailing Address

City & State

Zip

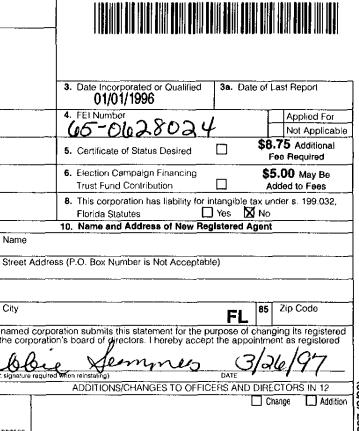
Suite, Apt. #, etc.

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## **FILED** May 05 1997 8:00am Secretary of State



•		184 City		FL  85 Zip C	.oae
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	Standure, typed or printed perior of registered agent and tille II applicable. (NOTE:	Registred Agent signature required	e Semmes	3/26/9	17_
12.	OFFICERS AND DIRECTORS	18.	ADDITIONS/CHANGES TO OFFICER		S IN 12
TITLE	P/D DELETE	1.1 TITLE		Change	Addition
NAME	Lisa Wilson	1.2 NAME			
STREET ADDRESS	1160 ME 26 HVENLE	1.3 STREET ADDRESS			
CITY-ST-ZIP	1160 NE 26 AVENUE Pompano BCh FL 33062	1.4 CITY-ST-ZIP			
TITLE	VII) . DELETE	21 TITLE		☐ Change	Addition
NAME	Lisa spinelle august	22 NAME			
STREET ADDRESS	1251 NE 28 Avenue	2.3 STREET ADDRESS			
CITY-ST-ZIP	Pompano Bch FL 33062	2. A CITY-ST-ZIP		•	
TITLE	TID DELETE	3.1 TITLE		Change	Addition
NAME	Baynor Maseman	3.2 NAME			
STREET ADDRESS	Baynor Maseman 3400 spring street Tompano Ben FL 33062-2949	3.3 STREET ADDRESS		٠	
CITY-ST-ZIP	Pompaho Beh FL 33062-2949	3.4. CITY-ST-ZIP			
TITLE	DELETE	4.1 TITLE		☐ Change	Addition
NAME .		4. 2 NAME			i
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>	4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE		☐ Change	Addition
NAME		5.2 NAME			l
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY - ST - ZIP			
14. Ido 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 trusted 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 anti-chiert with an address.					

Country

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Name