

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N97000002238 (0)

1. Corporation Name

JUST FOR KIDS ACADEMY CORPORATION

Principal Place of Business

Mailing Address

POST OFFICE BOX 814  
WILISTON FL 32696

POST OFFICE BOX 814  
WILISTON FL 32696

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

8. Name and Address of Current Registered Agent

PERERA, CHRIS  
RT. 2 BOX 350  
WILISTON FL 34482

3. Date Incorporated or Qualified

04/18/1997

4. FEI Number

59-343818

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81. Name

C. MORGAN

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

RT 2 BOX 350

83. City

Williston

84. State

FL

85. Zip Code

34482

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

7/1/98

12. OFFICERS AND DIRECTORS

TITLE D  
NAME WEST, PAULA  
STREET ADDRESS P.O. BOX 814  
CITY-ST-ZIP WILISTON FL N/A ☐ DELETE

TITLE D  
NAME PERERA, CHRIS  
STREET ADDRESS P.O. BOX 814  
CITY-ST-ZIP WILISTON FL ☒ DELETE

TITLE D  
NAME LUCAS, NINA  
STREET ADDRESS P.O. BOX 814  
CITY-ST-ZIP WILISTON FL N/A ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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 N/A

2.1 TITLE  
2.2 NAME CHRIS MORGAN  
2.3 STREET ADDRESS PO BOX 814  
2.4 CITY-ST-ZIP WILISTON, FL 9 ☐ Change ☐ Addition ☒ N/A

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP N/A ☐ Change ☐ Addition

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

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

6.1 TITLE  
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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRIS MORGAN

Date

7/1/98

Daytime Phone #

8400601

FILED  
Jul 17 1998 8:00am  
Secretary of State



CR2E037 (5/98)