FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97800004167

1. Corporation Name

K STREET DAY SCHOOL, INC.

Principal Place of Business

Mailing Address

1415 N. "K" Street 624 N. Lakeside Dr. Lake Worth, FL 33460 Lake Worth, FL 33460

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90049 029 ****61.25

Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed		
21	26				July 22, 1997		
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number		Applied For
22		_			65-0777849		Not Applicable
City & State City & State					5. Certificate of Status Desired	\$8.	75 Additional
23	28				5. Certificate of Status Desired	Fe	e Required
			łгу		6. Election Campaign Financing	\$5	.00 May Be
24 25	29	30			Trust Fund Contribution	•	ded to Fees
9. Name and Address of Curr	ent Registered Agent			-	10. Name and Address of New Registered	Agent	
			81 Name				
Devise E. Tamayo				Church Add	Inne (D.O. Day Number in Not Apportable)		
Denise E. Tamayo 624 N. Lakeside Pr.			32	Street Add	Iress (P.O. Box Number is Not Acceptable)		
			33				
			<u> </u>				
Lake Worth, FL 33460			84 City 85 Zip Code			Zip Code	
'			1		<u> </u>	<u>- 1 1 1 </u>	a ita sociatorod
11. Pursuant to the provisions of Sections 617.0	502 and 617.1508, Florida Statut e of Florida. Such change was a	tes, the abo authorized b	ove ov t	-named corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoi	cnangii intment	ig its registered as registered
agent. I am familiar with, and accept the oblig	gations of, Section 617.0503, Flo	rida Statute	es.		:		-
SIGNATURE							
Signature, typed or printed name of registered a			gent	signature require	ed when reinstating) DATE		
	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		
LE President (PD) DELETE			1.1 TITLE			☐ Cha	ange
NAME Denise E. Tamayo, M.A. STREET ADDRESS 624 N. Lakeside Dr.			1.2 NAME				
STREET ADDRESS 624 N. Lakeside Dr.			1.3 STREET ADDRESS				
CITY-ST-ZIP Lake Worth FL 33460			1.4 CITY-ST-ZIP				
TITLE Vice President 12	TreasureDELETE	2.1 TITLE	E			Cha	ange 🗌 Addition
NAME Debbra J. Docsa (VSD)			22 NAME				
CITY-ST-ZIP Lake Worth FL 33460 TITLE Vice President 3 Treasur PDELETE NAME Debbra J. Docsa (VSD) STREET ADDRESS 1 So. Lakeside Drive			2 3 STREET ADDRESS				
CITY-ST-ZIP Lake Worth. A	7 37460	2. 4 CITY		ľ			
			3.1 TITLE			Ch:	ange 🔲 Addition
ITILE Secretary (TD) DELETE NAME Jayne Klein, M. Ed. STREET ADDRESS 13027 SW 41# St.			32 NAME				
Jayne Rien, M			-	ADDRESS			
STREET ADDRESS 13027 SW 41	# <i>5F</i> .	1		1			
CITY-ST-ZIP Davie, FL 3	<u>3460</u> □ DELETE	3.4. CITY 4.1 TITLE		I-ZIP		[□ Cha	ange Addition
TITLE	רי הבררוב			1		□ \$'''	
NAME		4. 2 NAM					
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP		4.4 CITY-	_	-ZIP			man [laddi:
TITLE	☐ DELETE	5.1 TITLE				☐ Cha	ange
NAME		5.2 NAME					
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP		5.4 CITY-		-ZIP			
TITLE	☐ DELETE	6.1 TITLE	E	_ _		Cha	inge 🔲 Addition
NAME		6.2 NAME	E				
STREET ADDRESS		6.3 STRE	EET.	ADDRESS			
CITY-ST-ZIP		6.4 CITY-	-ST	-ZIP			
44. A barabu partifu that the information cumplied:	with this filing does not qualify fo				Section 110 07/2\/i\ Election Statuton I further con	tifu that	the information

Interest certain that me information supplied with this limit does not quality for the exemption stated in Section 1.19.07(3)(f), Florida Statutes, Frunder certay 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:

Gresident 4/22/99