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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000044954 (4)

1. Corporation Name

MS. KRISTIN'S KINDER ACADEMY, INC.

Principal Place of Business

702 S NEW YORK AVE
LAKELAND FL 33801 33815

Mailing Address

702 S NEW YORK AVE
LAKELAND FL 33815-4748



2. Principal Place of Business

2a. Mailing Address

21 702 S. New York Ave

26 Suite, Apt. #, etc. Same

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State Lakeland, FL

28 City & State

24 Zip 33815 25 Country Polk

29 Zip 30 Country

3. Date Incorporated or Qualified

06/21/1993

3a. Date of Last Report

08/06/1996

4. FEI Number

59-3192295

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

HALDEMAN, BONNIE W
702 S NEW YORK AVE
LAKELAND FL 33801 33815

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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
NAME HALDEMAN, BONNIE W
STREET ADDRESS 702 S NEW YORK AVE
CITY-ST-ZIP LAKELAND FL 33801

☐ DELETE

TITLE VD
NAME AL SHAER, KRISTIN H
STREET ADDRESS 702 S NEW YORK AVE
CITY-ST-ZIP LAKELAND FL 33801

☐ DELETE

TITLE SD
NAME SCHRIFERT, JENNIFER H
STREET ADDRESS 702 S NEW YORK AVE
CITY-ST-ZIP LAKELAND FL 33801

☐ DELETE

TITLE T
NAME HALDEMAN, BLYTHE A
STREET ADDRESS 702 S NEW YORK AVE
CITY-ST-ZIP LAKELAND FL 33801

☐ 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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bonnie W. Haldean, President Bonnie W. Haldean 4/25/97 941-(687) 2964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0393001

CR2E034 (9/96)