

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 SEP -3 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000030527 (2)

1. Corporation Name

LOVING PRE-SCHOOL OF NAZARENE, INC.

Principal Place of Business

19130 NW 39TH CT
OPALOCKA FL 33055-2215

Mailing Address

19130 NW 39TH CT
OPALOCKA FL 33055-2215

3. Date Incorporated or Qualified
04/19/1995

3a. Date of Last Report

None

4. FEI Number

04-65-05-38369

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

OLAIGBE, OLA
18441 NW 2ND AVE, 220
MIAMI FL 33169

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 of Registered Agent required after first filing.

Signature of Registered Agent required after first filing.

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVST
JULIEN, GLADYS A
19130 NW 39TH CT
OPALOCKA FL 33055-2215

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

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

Change Addition

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP

Change Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

Change Addition

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

Change Addition

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

Change Addition

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

Change Addition

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

Change Addition

71. TITLE
72. NAME
73. STREET ADDRESS
74. CITY - ST - ZIP

Change Addition

81. TITLE
82. NAME
83. STREET ADDRESS
84. CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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:

Gladys Julien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gladys Julien

305-688-1984

CR2E034 (12/95)