

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000040558 (5)

1. Corporation Name

ROCKING HORSE CHRISTIAN PRESCHOOL, INC.



Principal Place of Business

523 PENNSYLVANIA AVE
ST CLOUD FL 34769

Mailing Address

523 PENNSYLVANIA AVE
ST CLOUD FL 34769

3. Date Incorporated or Qualified

05/22/1995

3a. Date of Last Report

none - new

2. Principal Place of Business

2a. Mailing Address

21 1015 Tennessee Ave.

26 Same

4. FEI Number

65-0580683

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 St Cloud, FL

28 Same

Zip

Country

Zip

Country

24 34769

25 USA

29 34769

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHMID, MICHAEL D
523 PENNSYLVANIA AVE
ST CLOUD FL 34769

81 Name

Sharon A. Schmid

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

523 Pennsylvania Ave.

83

84

St Cloud FL

FL

85 Zip Code

34769

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

Sharon A. Schmid, Sharon A. Schmid, owner

5-8-96

Signature, typed or printed name of registered agent, and date if applicable

(If Applicable) Registered Agent Signature requires the translation

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
SCHMID, MICHAEL D
523 PENNSYLVANIA AVE
ST CLOUD FL 34769

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
SCHMID, SHARON A
523 PENNSYLVANIA AVE
ST CLOUD FL 34769

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
President
Sharon A. Schmid
523 Pennsylvania Ave.
St Cloud FL 34769

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
Vice President
Michael D. Schmid
523 Pennsylvania Ave.
St Cloud FL 34769

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
Secretary
Miranda A. Schmid
523 Pennsylvania Ave.
St Cloud FL 34769

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
Treasurer
Melanie J. Schmid
523 Pennsylvania Ave.
St Cloud FL 34769

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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)(k), 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:

Sharon A. Schmid, Sharon A. Schmid, 5/8/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

(407)892-5437

CR2E034 (12/95)