FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

2967 OAK TRAIL

7

EDGEWATER FL 32141



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 13 1998 8:00am

Secretary of State

Applied For Not Applicable

Zip Code

1998 DOCUMENT # P96000055991 (9)

PIONEER TRAIL DAY SCHOOL INC.

: :- :- :-	TONLET HIME DAT SOLICOL	, 1110.	
	Principal Place of Business	Mailing Address	
	2379 PIONEER TRAIL NEW SMYRNA BEACH FL 32168	2379 PIONEER TRAIL NEW SMYRNA BEACH FL 32168	DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified 07/01/1996
	2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For
	21	26	59-3389906 Not Applica
	Suite, Apt. #, etc. 27		5. Certificate of Status Desired See Required
:	City & State	City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
:	Zip Country 25	Zip Country 29 30	8. This corporation owes of has paid the current year Intangible Personal Property Tax due June 30. 🕜 Yes 🗌 No
	9. Name and Address of Co	urrent Registered Agent	10. Name and Address of New Registered Agent
	FITCH, DONNA M	81	Name

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

83 84 City

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

	egistered agent, or both, in the State of Flo m familia with, and accept the obligations	orida. Such change was a of, Section 607,0505, Flo	uthorized by the cor rida Statutes.	poration's board of directors. I hereby ac	copt the appointment as	registered
SIGNATURE	Signature, layed or ported name of Agistered agent and to	is flappleable (NOTE	Registered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO O	FICERS AND DIRECTOR	S IN 12
TITLE	PS	DELETE	1.1 TITLE	P/5/M	☐ Change	4-Addition
NAME	FITCH, DONNA M		1,2 NAME	FITCH, DONNA M		
STREET ADDRESS	2967 OAK TRAIL		1.3 STREET ADDRESS	2967 OAK Trail		
CITY-ST-ZIP	ED GEWATER FL		1.4 CITY - ST - ZIP	EDBEWATER FL		
TITLE		DELETE	2.1 TITLE	V/T	Change	Addition
NAME			2 2 NAME	GERALD		
STREET ADDRESS			2.3 STREET ADDRESS	2967 OAK TRAIL		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	EDGEWATER FL		
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		Change	☐ Addition
NAME			4 2 NAME	<u> </u>		
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	[
CITY-ST-ZIP			5.4 CITY - ST - ZIP	1		
TIPLE		DELETE	6.1 THLE		Change	Addition
NAME		·	6.2 NAME		_ ,	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY CT. 7ID			6.4.001V ST 710]		

14. I 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, y on an attachment with an address.