

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

FILED

Jan 28 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 # **V07353** (8)  
1. Corporation Name  
**SHARING TREE PRE-SCHOOL, INC.**



Principal Place of Business  
**10850 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE FL 32257**

Mailing Address  
**10850 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE FL 32257-1198**

3. Date Incorporated or Qualified  
**01/16/1992**

3a. Date of Last Report  
**06/11/1996**

4. FEI Number  
**59-3105920**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**BRATTON, BRENDA J.  
11947 MARBON MEADOWS DRIVE  
JACKSONVILLE FL 32223**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>CST</b>	<input type="checkbox"/> DELETE
NAME	<b>BRATTON, DENNIS A.</b>	
STREET ADDRESS	<b>10850 OLD ST. AUGUSTINE RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>DMP</b>	<input type="checkbox"/> DELETE
NAME	<b>BRATTON, BRENDA J.</b>	
STREET ADDRESS	<b>10850 OLD ST. AUGUSTINE RD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>DM</b>	<input type="checkbox"/> DELETE
NAME	<b>BRATTON, JACOB L.</b>	
STREET ADDRESS	<b>3283 BROKEN BRANCHE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>DM</b>	<input type="checkbox"/> DELETE
NAME	<b>BRATTON, JENEAN E.</b>	
STREET ADDRESS	<b>3283 BROKE BRANCH</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>DM</b>	<input type="checkbox"/> DELETE
NAME	<b>BRATTON, JASON D.</b>	
STREET ADDRESS	<b>12365 CARRIAGE CROSSING CT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>DM</b>	<input type="checkbox"/> DELETE
NAME	<b>BRATTON, ANGELA</b>	
STREET ADDRESS	<b>12365 CARRIAGE CROSSING CT.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DM</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Farber, Jennifer E.</b>	
1.3 STREET ADDRESS	<b>9252 San Jose Blvd #403</b>	
1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32257</b>	
2.1 TITLE	<b>DM</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Farber, David L.</b>	
2.3 STREET ADDRESS	<b>9252 San Jose Blvd. #403</b>	
2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32257</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Brenda J. Bratton* **Brenda J. Bratton** 1/24/97 904-260-2015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)