

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 14 AM 9: 52

DOCUMENT # **749363** (8)

1. Corporation Name  
**EAGER BEAVER PRESCHOOL, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**1800 W HWY 44  
INVERNESS FL 34453  
US** **1800 W HWY 44  
INVERNESS FL 34453  
US**

3. Date Incorporated or Qualified <b>10/17/1979</b>	3a. Date of Last Report <b>05/17/1994</b>
4. FEI Number <b>59-2018236</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent  
**SPAULDING, JENNIFER  
1818 S. REGAL POINT  
INVERNESS FL 34452**

10. Name and Address of New Registered Agent  
81 Name **Debra Stanley**  
82 Street Address (P.O. Box Number is Not Acceptable) **3251 S. Cygnet Pt.**  
83  
84 City **Inverness** FL 85 Zip Code **34450**

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 *Debra Stanley* x *Debra H. Stanley* 4-12-95  
Signature, typed or printed name of registered agent (and fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>TD BUNGO, SUSAN 718 PINEAIRE ST. INVERNESS FL</b>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<b>VD STANLEY, DEBBIE 3251 S. CYGNET POINT INVERNESS FL</b>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<b>CPD SPAULDING, JENNIFER 1818 S. REGAL POINT INVERNESS FL</b>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<b>CPD HAPPER, MARQUITA 7334 APPLEWOOD DR. INVERNESS FL</b>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<b>S ELLZEY, CINDY 505 HICKORY ROAD INVERNESS FL</b>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<b>MD BONELLO, CINDY 5425 ANNA JO DR INVERNESS FL</b>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DEBBIE STANLEY</b>
1.3 STREET ADDRESS	<b>3251 South Cygnet Point</b>
1.4 CITY - ST - ZIP	<b>INVERNESS, FL 34450</b>
2.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>KATHY WEBB</b>
2.3 STREET ADDRESS	<b>7920 E GOSPEL ISLAND RD</b>
2.4 CITY - ST - ZIP	<b>INVERNESS FL 34450</b>
3.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>LOREN BROWN</b>
3.3 STREET ADDRESS	<b>5860 S. RHODA PT.</b>
3.4 CITY - ST - ZIP	<b>HOMOSASSA FL 34446</b>
4.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>CAROLE MELSO</b>
4.3 STREET ADDRESS	<b>35 S. Fillmore St.</b>
4.4 CITY - ST - ZIP	<b>Beverly Hills, FL 34465</b>
5.1 TITLE	<b>T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Sherry Fray</b>
5.3 STREET ADDRESS	<b>11638 South Istachatta Rd</b>
5.4 CITY - ST - ZIP	<b>FLORAL CITY FL 34436</b>
6.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SUSAN BUNGO</b>
6.3 STREET ADDRESS	<b>718 PINEAIRE ST.</b>
6.4 CITY - ST - ZIP	<b>INVERNESS, FL 34452</b>

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Debra H. Stanley* **Debra H. Stanley** x **4-12-95** x **904-726-9956**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (optional) (Fees)