

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 749363 (8)

1. Corporation Name

EAGER BEAVER PRESCHOOL, INC.



Principal Place of Business

Mailing Address

1900 W HWY 44
INVERNESS FL 34453
US

1900 W HWY 44
INVERNESS FL 34453
US

3. Date Incorporated or Qualified
10/17/1979

3a. Date of Last Report
04/14/1995

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
59-2019236

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip
24

Country
25

Zip
29

Country
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEBRA STANLEY
3251 S CYGNET PT
INVERNESS FL 34450

Delete and change to

81 Name Judith Webb
82 Street Address (P.O. Box Number is Not Acceptable) 1415 Lakeview Drive
83
84 City Inverness FL 85 Zip Code 34450

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Judith Webb Judith Webb P/D

4/17/96

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

(NOTE: Registered Agent signature required when filing)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DEBBIE STANLEY	
STREET ADDRESS	3251 SOUTH CYGNET POINT	
CITY-ST-ZIP	INVERNESS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KATHY WEBB	
STREET ADDRESS	7920 E. GOSPEL ISLAND RD	
CITY-ST-ZIP	INVERNESS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LOREN BROWN	
STREET ADDRESS	5860 S. RHODA PL	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CAROLE MELSO	
STREET ADDRESS	35 S FILLMORE ST	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHERRY FRAY	
STREET ADDRESS	11638 SOUTH ISTACHATTA RD	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SUSAN BUNGO	
STREET ADDRESS	718 PINEAIRE STREET	
CITY-ST-ZIP	INVERNESS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Marquita Harper.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/D	
1.3 STREET ADDRESS	7834 E Applewood Dr	
1.4 CITY-ST-ZIP	Inverness FL 34450	
2.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Judith Webb	
2.3 STREET ADDRESS	1415 Lakeview Dr.	
2.4 CITY-ST-ZIP	Inverness FL. 34450	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ronald Webb	
3.3 STREET ADDRESS	1415 Lakeview Dr.	
3.4 CITY-ST-ZIP	Inverness FL. 34450	
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Ronald Webb* RONALD D. WEBB 4/17/96 352-726-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)