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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 715097

1. Corporation Name  
THE CANTERBURY SCHOOL OF FLORIDA, INC.

Principal Place of Business  
901 58TH AVENUE NE  
ST PETERSBURG FL 33703

Mailing Address  
901 58TH AVENUE NE  
ST PETERSBURG FL 33703

136851 6 90164 19



|                                |         |                     |         |   |  |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business |         | 2a. Mailing Address |         | 3. Date Incorporated or Qualified   |  |
| 21                             |         | 26                  |         | 08/12/1968  |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 4. FEI Number   |  |
| 22                             |         | 27                  |         | 59-1218022  |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |  |
| 23                             |         | 28                  |         | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| Zip                            | Country | Zip                 | Country |   |  |
| 24                             | 25      | 29                  | 30      |   |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                   |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| DIKE, DAVID H.<br>901 58TH AVENUE N.E.<br>ST. PETERSBURG FL 33703 |  |  |  | 81 Name   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City   |  |  |  |
|   |  |  |  | FL  |  |  |  |

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

|                            |   |   |   |
|----------------------------|---|---|---|
| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
| TITLE                      | DP <input type="checkbox"/> DELETE            | 1.1 TITLE   | T, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LANE, WILLIAM R.                              | 1.2 NAME  |   |
| STREET ADDRESS             | 400 NO. ASHLEY DR., STE. 2300                 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TAMPA F                                       | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TV <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | T, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | DEGESYS, RUTA S.                              | 2.2 NAME  | MARY ANNE BOND  |
| STREET ADDRESS             | 5 BRIGHTWATERS CIRCLE N.E.                    | 2.3 STREET ADDRESS                                    | 4695 ALISA CIRCLE N.E.  |
| CITY-ST-ZIP                | ST. PETERSBURG FL                             | 2.4 CITY-ST-ZIP                                       | ST. PETERSBURG, FL 33703  |
| TITLE                      | TS <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME                       | DAICOFF, MARY                                 | 3.2 NAME  |   |
| STREET ADDRESS             | 1679 BRIGHTWATERS BLVD., N.E.                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ST. PETERSBURG FL                             | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TT <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME                       | KNOWLTON, DAVID H.                            | 4.2 NAME  |   |
| STREET ADDRESS             | 1140 42ND AVE., N.E.                          | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ST. PETERSBURG FL                             | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE               | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE               | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |   |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter G. ... REQUIRED 2/8/99 727/525-1419  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)