FILE NOW: FILING FEE IS $61.25

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Sep 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 732326 (4)

1. Corporation Name
P.A.C.E. PRIVATE SCHOOL, INC.

Principal Place of Business	Mailing Address
3221 SAND LAKE RD LONGWOOD FL 32779	P O BOX 917529 LONGWOOD FL 32791-7529 US

3. Date Incorporated or Qualified: 04/02/1975
3a. Date of Last Report: 07/02/1996

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

4. FEI Number: 59-1501677 ☐ 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

9. Name and Address of Current Registered Agent

CORWIN, SCOTT A.
239 TIMBERLANE TRACE
LONGWOOD FL 32750

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	DUNN, MARY E.		1.2 NAME	Mascoe, Maurice DR.	
STREET ADDRESS	206 QUAYSIDE CIRCLE		1.3 STREET ADDRESS	8523 Summerville Place	
CITY-ST-ZIP	MAITLAND FL		1.4 CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	WEAVER-HARRIS, TRISH		2.2 NAME	Feige, Thomas	
STREET ADDRESS	1218 ALABAMA DR		2.3 STREET ADDRESS	1800 Via Tuscany	
CITY-ST-ZIP	WINTERPARK FL		2.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	~~DD~~ M	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	CORWIN, SCOTT A.		3.2 NAME	Stroup, Lillian	
STREET ADDRESS	239 TIMBERLANE TRACE		3.3 STREET ADDRESS	806 Errol Parkway	
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP	Apopka, Fl 32712	
TITLE	DS	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	COUSINEAU, HELEN		4.2 NAME	ALLEN, ALBERT	
STREET ADDRESS	365 BELOIT AVENUE		4.3 STREET ADDRESS	251 Snowfields Run	
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY-ST-ZIP	Heathrow, FL. 32746	
TITLE	DT	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	GRAMS, LUCILE		5.2 NAME	Choban, Glen	
STREET ADDRESS	455 BELOIT AVENUE		5.3 STREET ADDRESS	101 Shellie Ct	
CITY-ST-ZIP	WINTER PARK FL		5.4 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	DP	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	JONES, DALE		6.2 NAME	Heink	
STREET ADDRESS	2530 NORFOLK ROAD		6.3 STREET ADDRESS	1949 Killarney Dr.	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	Winter Park, Fl. 32789	

CR2E037 (9/96)

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

SIGNATURE: [illegible] 407 862 8884