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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

4. FEI Number: 59-1501677 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORWIN, SCOTT A. 239 TIMBERLANE TRACE LONGWOOD FL 32750	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		
STREET ADDRESS	206 QUAYSIDE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	DV	☑ Change ☐ Addition
NAME	FEIGE, THOMAS		2.2 NAME		
STREET ADDRESS	1800 VIA TUSCANY		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	3.1 TITLE	D/M	☑ Change ☐ Addition
NAME	CORWIN, SCOTT A.		3.2 NAME		
STREET ADDRESS	239 TIMBERLANE TRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE	D/S/T	☑ Change ☐ Addition
NAME	COUSINEAU, HELEN		4.2 NAME		
STREET ADDRESS	365 BELOIT AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY-ST-ZIP		
TITLE	DT	☑ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	GRAMS, LUCILE		5.2 NAME		
STREET ADDRESS	455 BELOIT AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		5.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	6.1 TITLE	D/C	☑ Change ☐ Addition
NAME	JONES, DALE		6.2 NAME		
STREET ADDRESS	2530 NORFOLK ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: [signature] 1-12-98 407-869-8882