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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 732326

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/02/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1501677 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing ☐ Trust Fund Contribution $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CORWIN, SCOTT A.
239 TIMBERLANE TRACE
LONGWOOD FL 32750

Please change →

10. Name and Address of New Registered Agent

81 Name ~~Barbara Winter~~ MARY DUNN, Interim Director
82 Street Address (P.O. Box Number is Not Acceptable) ~~1468 Apostle Drive~~ 206 Quayside Cr.
83
84 City ~~SANFORD~~ MAITLAND FL 85 Zip Code ~~32771~~ 32751

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 Mary E. Dunn (Signature, typed or printed name of registered agent and title if applicable.) Mary E. Dunn (NOTE: Registered Agent signature required when reinstating) DATE 3/23/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 99		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	DUNN, MARY E.		1.2 NAME	DUNN, RICHARD	
STREET ADDRESS	206 QUAYSIDE CIRCLE		1.3 STREET ADDRESS	550 MANOR ROAD	
CITY-ST-ZIP	MAITLAND FL		1.4 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	DV	☑ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	FEIGE, THOMAS		2.2 NAME	HEINKEL, LARRY	
STREET ADDRESS	1800 VIA TUSCANY		2.3 STREET ADDRESS	146 STONE HILL DRIVE	
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	DM	☑ DELETE	3.1 TITLE	T	☐ 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	DST	☐ DELETE	4.1 TITLE		☐ 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	D	☐ DELETE	5.1 TITLE	T	☐ 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	DC	☐ DELETE	6.1 TITLE	T	☐ 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 (11/98)

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: SIGNATURE REQUIRED MARY E. DUNN 1/20/99 407/869-8882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #