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 # 741555 (7)

1. Corporation Name
NORTH PORT COMMUNITY EDUCATIONAL CENTER, INC.

Principal Place of Business	Mailing Address
4940 N. PAN AMERICAN BLVD. P.O. BOX 7113 NORTH PORT FL 34287 US	4940 N. PAN AMERICAN BLVD. P.O. BOX 7113 NORTH PORT FL 34287 US

3. Date Incorporated or Qualified: 02/08/1978
3a. Date of Last Report: 02/15/1995

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: 59-1934386 ☐ 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

GENTLE, MARGARET M.
5071 GREENWAY DRIVE
NORTH PORT FL 34287

10. Name and Address of New Registered Agent

81 Name: SAME
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: Margaret M. Gentle — FEBRUARY 20, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GENTLE, MARGARET M 5071 GREENWAY DRIVE NORTH PORT FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	(SAME)	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MALANOWSKI, JOSEPH A 4492 BLITZEN TERR. NORTH PORT FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	(SAME)	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS HUGHES, A. B 4361 MONGITE RD. NORTH PORT FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	(SAME)	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHRISTENSON, EVELYN 8228 SAN JACINTO NORTH PORT FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D/PROGRAMS EVELYN CHRISTENSON 8228 SAN JACINTO NORTH PORT, FL. 34287	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BASS, MAURICE E. 7295 BRANCH TERRACE NORTH PORT FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D/MEMBERSHIP MAURICE E. BASS 7295 BRANCH TERRACE NORTH PORT, FL. 34287	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEALL, HAROLD 6427 OTIS RD. (DECEASED) NO PORT FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D/MAINTENANCE PHILIP T. LOVASCO 4581 NEKOOSA STREET NORTH PORT, FL. 34287	☒ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE: Margaret M. Gentle — FEBRUARY 20, 1996 — (941) 426-2704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)

Additional Officers & Directors:

S/ AMELIA (BABS) CANZONERI
430 BRAVADO
NORTH PORT, FLORIDA 34287

T/ VITA P. LOVASCO
4581 NEKOOSA STREET
NORTH PORT, FLORIDA 34287

A/T DON RICHETTI
1098 WILLIAM
NORTH PORT, FLORIDA 34287

D/VOLUNTEERS BESS KNOPE
3273 BISCAYNE DRIVE S.
NORTH PORT, FLORIDA 34287

D/REFRESHMENTS FLORENCE BASS
7295 BRANCH TERRACE
NORTH PORT, FLORIDA 34287

D/PUBLICITY FRANK J. MCMILLIN
2751 CRANBERRY BOULEVARD S.
NORTH PORT, FLORIDA 34287