

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741555** (7)
1. Corporation Name
NORTH PORT COMMUNITY EDUCATIONAL CENTER, INC.



Principal Place of Business 4940 N. PAN AMERICAN BLVD. P.O. BOX 7113 NORTH PORT FL 34287 US	Mailing Address 4940 N. PAN AMERICAN BLVD. P.O. BOX 7113 NORTH PORT FL 34287 US
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3. Date Incorporated or Qualified 02/08/1978	
4. FEI Number 59-1934386	Applied For ☐ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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 MALANOWSKI, JOSEPH A 4492 BLITZEN TERRACE NORTH PORT FL 34287

10. Name and Address of New Registered Agent 81 Name CLARENCE DAVIS 82 Street Address (P.O. Box Number is Not Acceptable) 173 LAZY RIVER RD. 83 84 City NORTH PORT, FL FL 85 Zip Code 34287
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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 *Clarence Davis* **1-12-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P ☒ DELETE
NAME	MALANOWSKI, JOSEPH A
STREET ADDRESS	4492 BLITZEN TERRACE
CITY-ST-ZIP	NORTH PORT FL
TITLE	VP ☒ DELETE
NAME	DAVIS, CLARENCE
STREET ADDRESS	173 LAZY RIVER ROAD
CITY-ST-ZIP	NORTH PORT FL
TITLE	AS ☐ DELETE
NAME	HUGHES, A. B
STREET ADDRESS	4361 MONGITE RD.
CITY-ST-ZIP	NORTH PORT FL
TITLE	D ☒ DELETE
NAME	CHRISTENSON, EVELYN
STREET ADDRESS	8228 SAN JACINTO
CITY-ST-ZIP	NORTH PORT FL
TITLE	D ☐ DELETE
NAME	GUENIN, OLYMPIA
STREET ADDRESS	4361 MONGITE ROAD
CITY-ST-ZIP	NORTH PORT FL
TITLE	D ☐ DELETE
NAME	KNOPE, BESS
STREET ADDRESS	3273 BISAYNE DRIVE SO
CITY-ST-ZIP	NO PORT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P ☒ Change ☐ Addition
1.2 NAME	DAVIS, CLARENCE
1.3 STREET ADDRESS	173 LAZY RIVER ROAD
1.4 CITY-ST-ZIP	NORTH PORT, FL
2.1 TITLE	VP ☒ Change ☐ Addition
2.2 NAME	CHRISTENSON EVELYN
2.3 STREET ADDRESS	8228 SAN JACINTO
2.4 CITY-ST-ZIP	NORTH PORT, FL
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D ☒ Change ☐ Addition
4.2 NAME	MALANOWSKI, Joseph
4.3 STREET ADDRESS	4492 BLITZEN TERRACE
4.4 CITY-ST-ZIP	NORTH PORT, FL
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Signature* **1-12-98 (941) 421-7138**

CR2E037 (10/97)