

**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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # 743568 (8)

1. Corporation Name  
**HAMPDEN DUBOSE ACADEMY, INC.**



300001872643  
-06/24/96--01023--009  
\*\*\*70.00

Principal Place of Business Mailing Address  
5400 SADLER AVE. 5400 SADLER AVE.  
P.O. BOX 639 P.O. BOX 639  
ZELLWOOD FL 32798 ZELLWOOD FL 32798

3. Date Incorporated or Qualified 07/13/1978 3a. Date of Last Report 05/01/1995

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

4. FEI Number 59-1031571 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  
COLE, JAMES H., III  
5400 SADLER AVENUE  
ZELLWOOD FL 32798

10. Name and Address of New Registered Agent  
81 Name DIPPY, THEODORE DR.  
82 Street Address (P.O. Box Number is Not Acceptable) 22904 COUNTY ROAD  
83  
84 City ASTATULA FL 85 Zip Code 31705

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 617.03, Florida Statutes.

SIGNATURE *Theodore A. Dippy* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLE, JAMES H III 5400 SADLER AVENUE ZELLWOOD FL 32798 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	LOGUE, WILLIAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3206 ARDSLEY DR. DIRECTOR ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> SD-TD DUBOSE, GEORGE H 4001 LAUGHLIN ROAD ZELLWOOD FL 32798 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<del>SD</del> SD-TD DUBOSE, GEORGE H. 4001 LAUGHLIN RD. ZELLWOOD, FL 32798 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> VD CHAPMAN, RONALD L 2482 CLARK STREET APOPKA FL 32703 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD CHAPMAN, RONALD L 2482 CLARK STREET APOPKA, FL 32703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> D BROOKS, S KENNETH 5888 SADLER AVENUE ZELLWOOD FL 32798 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	WONDERLY, SCOTT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4712 JAMERSON PLACE DIRECTOR ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOMULANIEN, WAYNE 5400 SADLER AVENUE ZELLWOOD FL 32798 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	MELCON, WALTER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1523 WINDRIET RD. DIRECTOR ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> PD DIPPY, THEODORE DR 22904 COUNTY ROAD 561 ASTATULA FL 34705 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIPPY, THEODORE DR. 22904 COUNTY ROAD 561 ASTATULA, FL 34705

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: *George H. Dubose* / 4-10 4/25/96 407-600-4321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)