FILE NOW: FILING FEE IS \$61.25

.NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUN 1. Corporation	MENT # 743568	8 (8)			
HAMPD	EN DUBOSE ACADEMY, IN	C.			
Principal Place of Business		Mailing Address	Mailing Address		AN MIRIT OLDI) OLDIL OLDIN DIGIL OLDIL IOCI
		5400 SADLER AVE.			
P.O. BOX 639 ZELLWOOD FL 32798		P.O. BOX 639 ZELLWOOD FL 32798-0639			
ZEEEHOOD / L .	se / 50	ELL/1000 TE UE:00 0000		3. Date incorporated or Qualified 07/13/1978	3a. Date of Last Report 05/01/1996
2. Principal Pl	ace of Business	2a. Mailing Address	·-···	4. FEI Number 59-1031571	Applied For
Suite, Apt.	# atc	Suite, Apt. #, etc.		38 103 137 1	Not Applicable \$8.75 Additional
		27		5. Certificate of Status Desired	Fee Required
City & State	>	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for it	Added to Fees
24	25	29 3	- 7	Florida Statutes	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
515011 T	urabase				HE
DIPPY, THEODORE 22904 COUNTY ROAD			82 Street A	ddress (P.O. Box Number is Not Acceptable	(e)
ASTATULA FL 34705			83	000 / 0/00	
			84 City . 4		815 Zip Code
				M4 Tilla	FL 32784
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-nam office or registered agent, or both, in the State of Florida. Such change was authorized by the cagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				orporation submits this statement for the poration's board of directors. I hereby accep	arpose of changing its registered the appointment as registered
	m tamujur with, and accept the obliga	ations of, Section 617.0503, Fight	ga Statutes.		4/16/97
SIGNATURE	ofgrature, typed or printed name of registered age		Registered Agent signature re		DATE
12. TITLE	OFFICERS ANI	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	EHS AND DIRECTORS IN 12 Change Addition
NAME	LOGUE, WILLIAM	_ print	1.2 NAME		
STREET ADDRESS	3206 ARDSLEY DR	·	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CITY-ST-ZIP		
THEF	SDTD	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	DUBOSE, GEORGE H 4001 LAUGHLIN ROAD		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	ZELLWOOD FL 32798		2 4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	31 TITLE		Change Addition
NAME	CHAPMAN, RONALD L		3.2 NAME		
STREET ADDRESS	2482 CLARK STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	APOPKA FL 32703	DELETE	3.4. City-St-ZiP 4.1 Title		Change Addition
NAME	Brooks, S Kenneth	94-page	4.2 NAME		
STREET ADDRESS	5888 SADLER AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ZELLWOOD FL 32798		4.4 CITY-ST-ZIP		
TITLE	D MONTH ANDEN WAYNE	DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS	KOMULANIEN, WAYNE 5400 SADLER AVENUE		5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP	ZELLWOOD FL 32798		5.4 CITY-ST-ZIP	**	
TITLE	PD	OELETE	6.1 TITLE		Change Addition
NAME	DIPPY, THEODORE DR		6.2 NAME		
STREET ADDRESS	22904 COUNTY ROAD 561		6.3 STREET ADDRESS		
CITY - ST - ZIP	ASTATULA FL 34705		6.4 CITY - ST - ZIP		

14. I do 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 comparation 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 ranged, of off an attackment with an address.

SIGNATURE:

FILED

Apr 24 1997 8:00am

Secretary of State

Hampden DuBose Academy, Inc.

Document #743568

Additional members of the Board of Directors Please add to your records

Title: D

Name:

Walt N. Meloon

6109 Natchet Road

Orlando, FL 32809

Title: D

Name:

Scott Wonderly

4712 Jamerson Pl.

Orlando, FL 32807