


FILE NOW: FILING FEE IS \$61.25

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Mar 11 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 # 743568 (8)

1. Corporation Name
HAMPDEN DUBOSE ACADEMY, INC.

Principal Place of Business 5400 SADLER AVE. P.O. BOX 639 ZELLWOOD FL 32798	Mailing Address 5400 SADLER AVE. P.O. BOX 639 ZELLWOOD FL 32798
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3. Date Incorporated or Qualified 07/13/1978	
4. FEI Number 59-1031571	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Sulte, Apt. #, etc.	2a. Mailing Address 25 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**TIGHE, GREGORY F
 18805 PERU ROAD
 UMATILLA FL 32784**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOGUE, WILLIAM	1.2 NAME	MELOON, WALT N.
STREET ADDRESS	3208 ARDSLEY DR	1.3 STREET ADDRESS	CORRECTCRAFT / 6100 S. ORANGE AVE.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	SDTD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUBOSE, GEORGE H	2.2 NAME	WONDERLY, SCOTT
STREET ADDRESS	4001 LAUGHLIN ROAD	2.3 STREET ADDRESS	4712 JAMERSON PLACE
CITY-ST-ZIP	ZELLWOOD FL 32798	2.4 CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, RONALD L	3.2 NAME	DUBOSE, GEORGE H
STREET ADDRESS	2482 CLARK STREET	3.3 STREET ADDRESS	826 EAST 10TH STREET
CITY-ST-ZIP	APOPKA FL 32703	3.4 CITY-ST-ZIP	APOPKA, FL 32703
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, S KENNETH	4.2 NAME	
STREET ADDRESS	5888 SADLER AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ZELLWOOD FL 32798	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPPY, THEODORE DR	5.2 NAME	
STREET ADDRESS	22904 COUNTY ROAD 561	5.3 STREET ADDRESS	
CITY-ST-ZIP	ASTATULA FL 34705	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* 407-880-4321

CR2E037 (10/97)