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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743568
 1. Corporation Name
HAMPDEN DUBOSE ACADEMY, INC.

373856-90064-31 6 *



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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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 07/13/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1031571
City & State 23	City & State 28	Applied For: Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent TIGHE, GREGORY F 16805 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
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DUBOSE, GEORGE
 PO BOX 131
 ZELLWOOD, FL 32798
 APOPKA FL 32703

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: George H. Dubose ADMINISTRATOR DATE: 4-5-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	LOGUE, WILLIAM	1.1 TITLE: VD	Ronald Chapman
STREET ADDRESS: 3206 ARDSLEY DR	ORLANDO FL	1.2 NAME: P.O. Box 664	Plymouth, FL 32768
CITY-ST-ZIP: ORLANDO FL		1.3 STREET ADDRESS: Plymouth, FL 32768	
TITLE: SDTD	DUBOSE, GEORGE H	2.1 TITLE: D	Scott Wonderly
STREET ADDRESS: 4001 LAUGHLIN ROAD	ZELLWOOD FL 32798	2.2 NAME: 4712 Jamerson Place	Orlando, FL 32807
CITY-ST-ZIP: ZELLWOOD FL 32798		2.3 STREET ADDRESS: Orlando, FL 32807	
TITLE: SDTD	DUBOSE, GEORGE H	2.4 CITY-ST-ZIP: Orlando, FL 32807	
STREET ADDRESS: 826 EAST 10TH ST	APOPKA FL 32703	3.1 TITLE:	
CITY-ST-ZIP: APOPKA FL 32703		3.2 NAME:	
TITLE: D	BROOKS, S KENNETH	3.3 STREET ADDRESS:	
STREET ADDRESS: 5888 SADLER AVENUE	ZELLWOOD FL 32798	3.4 CITY-ST-ZIP:	
CITY-ST-ZIP: ZELLWOOD FL 32798		4.1 TITLE:	
TITLE: PD	DIPPY, THEODORE DR	4.2 NAME:	
STREET ADDRESS: 22904 COUNTY ROAD 561	ASTATULA FL 34705	4.3 STREET ADDRESS:	
CITY-ST-ZIP: ASTATULA FL 34705		4.4 CITY-ST-ZIP:	
TITLE: D	MELON, WALT N	5.1 TITLE:	
STREET ADDRESS: CORRECTCRAFT/6100 S ORANGE AVE	ORLANDO FL 32809	5.2 NAME:	
CITY-ST-ZIP: ORLANDO FL 32809		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
		6.1 TITLE:	
		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, with a I other like empowered.

SIGNATURE: George H. Dubose DATE: 4/5/99 DAYTIME PHONE: 407-880-4321

CR2027-11/99A