

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

DOCUMENT # N22172 (3)

1. Corporation Name

UNIVERSAL ACADEMY PRIVATE SCHOOL, INC.



Principal Place of Business

**21310 NW 37 AVE
MIAMI FL 33056
US**

Mailing Address

**21310 NW 37 AVE
MIAMI FL 33056
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/24/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0138024

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE
NAME **MCCOY, FRANK**
STREET ADDRESS **2285 NE 172 ST #8**
CITY-ST-ZIP **N MIAMI BCH FL**

TITLE **MT** ☐ DELETE
NAME **COBB, BARBARA B**
STREET ADDRESS **840 S BISCAYNE RIVER DR**
CITY-ST-ZIP **MIAMI FL**

TITLE **VT** ☐ DELETE
NAME **CAMPBELL, THERESA**
STREET ADDRESS **19720 NW 7TH AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ DELETE
NAME **ADAMS, JOHNNIE**
STREET ADDRESS **2100 NW 173 TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ DELETE
NAME **WILLIAMS, FRANCINE G.**
STREET ADDRESS **8700 SHERMAN CIR N, #206**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **T** ☐ DELETE
NAME **MASSAQUOI, GWENN**
STREET ADDRESS **2211 SW 43 WAY**
CITY-ST-ZIP **PLANTATION FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☒ Addition
1.2 NAME **Bernice Kerson**
1.3 STREET ADDRESS **3734 N.W. 213 Street**
1.4 CITY-ST-ZIP **Miami, FL 33055**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **Secretary** ☒ Change ☐ Addition
6.2 NAME **Gwenn Massaquoi**
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Bernice M Kerson President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BERNICE M Kerson

3/31/96 (305) 358-4925
Date Daytime Phone #

CR2E037 (12/95)