

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22172** (3)

1. Corporation Name

UNIVERSAL ACADEMY PRIVATE SCHOOL, INC.

Principal Place of Business

Mailing Address

21310 NW 37 AVE
MIAMI FL 33056
US21310 NW 37 AVE
MIAMI FL 33056-1030
US3. Date Incorporated or Qualified
08/24/19873a. Date of Last Report
04/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TUMPKIN, MARY A.
21310 NW 37 AVE
MIAMI FL 33056

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETENAME **KERSON, BERNICE**
STREET ADDRESS **3734 NW 213 ST**
CITY-ST-ZIP **MIAMI FL**1.1 TITLE **Vice President** ☒ Change ☐ Addition1.2 NAME **Kerson, Bernice**
1.3 STREET ADDRESS **3734 N.W. 213th Street**
1.4 CITY-ST-ZIP **Miami, FL 33056**TITLE **MT** ☒ DELETENAME **COBB, BARBARA B**
STREET ADDRESS **840 S BISCAYNE RIVER DR**
CITY-ST-ZIP **MIAMI FL**2.1 TITLE **President** ☐ Change ☒ Addition2.2 NAME **Frank McKoy**
2.3 STREET ADDRESS **2350 N.E. 173rd Street, Apt. 315**
2.4 CITY-ST-ZIP **N. Miami Beach, FL 33160**TITLE **VT** ☐ DELETENAME **CAMPBELL, THERESA**
STREET ADDRESS **19720 NW 7TH AVE**
CITY-ST-ZIP **MIAMI FL**3.1 TITLE **Treasurer** ☒ Change ☐ Addition3.2 NAME **Campbell, Theresa**
3.3 STREET ADDRESS **19720 N.W. 7th Avenue**
3.4 CITY-ST-ZIP **Miami, FL.**TITLE **T** ☒ DELETENAME **ADAMS, JOHNNIE**
STREET ADDRESS **2100 NW 173 TERR**
CITY-ST-ZIP **MIAMI FL**4.1 TITLE **Secretary** ☐ Change ☒ Addition4.2 NAME **Olive Blake**
4.3 STREET ADDRESS **11208 Rhapsody Road**
4.4 CITY-ST-ZIP **Cooper City, Fl.**TITLE **T** ☒ DELETENAME **WILLIAMS, FRANCINE G.**
STREET ADDRESS **8700 SHERMAN CIR N, #206**
CITY-ST-ZIP **PEMBROKE PINES FL**5.1 TITLE **Trustee** ☐ Change ☒ Addition5.2 NAME **Virginia Clemons-Slaughter**
5.3 STREET ADDRESS **3301 N.E. 5th Avenue, #1208**
5.4 CITY-ST-ZIP **Miami, FL**TITLE **S** ☒ DELETENAME **MASSAQUOI, GWENN**
STREET ADDRESS **2211 SW 43 WAY**
CITY-ST-ZIP **PLANTATION FL**6.1 TITLE **Trustee** ☐ Change ☒ Addition6.2 NAME **Yvonne Morris**
6.3 STREET ADDRESS **2524 S.W. 177th Terrace**
6.4 CITY-ST-ZIP **Miramar, FL 33029**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026189

CR2E037 (9/96)

ADDENDUM

Additions:

Raleigh Nobles, Trustee
4000 S.W. 139th Avenue
Pembroke Pines, FL

Mary A. Tumpkin, Trustee
13201 N.W. 29th Avenue
Opa Locka, Fl, 33054

Johnny Davis, Trustee
1301 N.W. 195th Street
Miami, FL 33169