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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
21310 NW 37 AVE MIAMI FL 33056 US	21310 NW 37 AVE MIAMI FL 33056 US

3. Date Incorporated or Qualified: 08/24/1987

4. FEI Number: 65-0138024 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

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 _____ 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	VP	☐ DELETE	1.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	KERSON, BERNICE		1.2 NAME	Clemons-Slaughter, Virginia	
STREET ADDRESS	3734 NW 213 ST		1.3 STREET ADDRESS	11083 Chandler Drive	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE	P	☐ DELETE	2.1 TITLE	Trustee	☐ Change ☒ Addition
NAME	MCKOY, FRANK		2.2 NAME	Nobles, Raleigh Jr.	
STREET ADDRESS	2350 NE 173 ST, 315		2.3 STREET ADDRESS	8515 Sawpine Rd.	
CITY-ST-ZIP	N MIAMI BCH FL		2.4 CITY-ST-ZIP	Delray Beach, FL 33446	
TITLE	T	☐ DELETE	3.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	CAMPBELL, THERESA		3.2 NAME	Morris, Yvonne	
STREET ADDRESS	19720 NW 7TH AVE		3.3 STREET ADDRESS	2524 S.W. 177th Terrace	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miramar, FL 33029	
TITLE	S	☐ DELETE	4.1 TITLE	Trustee	☐ Change ☒ Addition
NAME	BLAKE, OLIVE		4.2 NAME	Davis, Johnnie	
STREET ADDRESS	11208 RHAPSODY RD		4.3 STREET ADDRESS	1301 N.W. 195th Street	
CITY-ST-ZIP	COOPER CITY FL		4.4 CITY-ST-ZIP	Miami, FL 33169	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CLEMONS-SLAUGHTER, VIRGINIA		5.2 NAME		
STREET ADDRESS	3301 NE 5 AVE, 1208		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, YVONNE		6.2 NAME		
STREET ADDRESS	2524 SW 177 TERR		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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] Yvonne Morris 4/18/98 (305) 624-4991