

FILE NOW: FILING FEE IS \$61.25

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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39823 (2)
1. Corporation Name
FLORIDA ASSOCIATION OF ACADEMIC NONPUBLIC SCHOOL S, INC.



Principal Place of Business 1111 FOREST PARK STREET LAKELAND FL 33803	Mailing Address 1111 FOREST PARK STREET LAKELAND FL 33803-1832
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3. Date Incorporated or Qualified 09/04/1990	3a. Date of Last Report 02/02/1996
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2. Principal Place of Business 21 1211 N. Westshore Blvd	2a. Mailing Address 26 1211 N. Westshore Blvd
Suite, Apt. #, etc. 22 Suite 612	Suite, Apt. #, etc. 27 Suite 612
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33607	Country 25 USA
Zip 29 33607	Country 30 USA

4. FEI Number 59-2348803	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**KEENAN, DEREK, DR.
1111 FOREST PARK STREET
LAKELAND FL 33803**

10. Name and Address of New Registered Agent

81 Name C. Skardon Bliss
82 Street Address (P.O. Box Number is Not Acceptable) 1211 N. Westshore Blvd.
83 Suite 612
84 City Tampa, FL
85 Zip Code 33607

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: *C. Skardon Bliss* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KEENAN, DEREK J., DR.		1.2 NAME Rev. Robert J. Kroll, OFM	
STREET ADDRESS 1111 FOREST PARK ST		1.3 STREET ADDRESS 6533 9th Ave. N.	
CITY-ST-ZIP LAKELAND FL		1.4 CITY-ST-ZIP St. Petersburg, FL 33710	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCARRON, MICHAEL		2.2 NAME	
STREET ADDRESS POST OFFICE BOX 1571 N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLISS, SKARDON		3.2 NAME	
STREET ADDRESS 1211 N WESTSHORE BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

CR2E037 (9/96)

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: *C. Skardon Bliss* **REQUIRED** Date: **2/14/97** Daytime Phone #: **813-287-2820**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR