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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State.

DIVISION OF CORPORATIONS

1997

DOCUMENT #

N39823

(2)

FLORIDA ASSOCIATION OF ACADEMIC NONPUBLIC SCHOOL S, INC.

Principal Place of Business

Mailing Address

1111 FOREST PARK STREET LAKELAND FL 33803 1111 FOREST PARK STREET LAKELAND FL 33803-1832

FILED Mar 07 1997 8:00am Secretary of State



Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 612 City & State City & State Suite 612 City & State City & State Suite 612 City & State City & State Suite 612 City & State City & State Suite 612 City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees Zip Country Suite Apt. #, etc. Suite, Apt. #, etc. Suite 612 City & State Suite 612 City & State Suite 612 City & State Suite 612 Suite 612 Suite 612 Suite 612 City & State Suite Apt. #, etc. Suite Apt. #, et	LAKELAND FL 3	3803	LAKELAND FL 33803-1832]				
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Suite Apt 4, ric. 2 Suite 612 3 Tampa, FI. 29		ace of Business	2a. Mailing Address				-	A	pplied For
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County 28 Tampa FI 28 Tampa FI 28 Tampa FI			 			5. Certificate of Status Desired			
13		}				6. Election Campaign Financing		\$5.00	May Re
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Forest PARK STREET LAKELAND FL 38803 11. Forest PARK STREET LAKELAND FL 38803 12. Suite 612 13. Suite 612 14. Cry Tampa FL Sagor of Socions of 17 5002 and 617 1508. Fiolds Statutes, the above-arraned corporation submits this statement for the purpose of changing is registered agent. I am lamilar with add accorption obligators of Socions of 17 5002 and 617 1508. Fiolds Statutes, the above-arraned corporation submits this statement for the purpose of changing is registered agent. I am lamilar with add accorption obligators of Socions of 17 5003. Fiorids Statutes SIGNATURE 12. OFFICERS AND DIRECTIONS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 12. ITIME D Change L-Addition KEENAN, DERRY J., DR. 111 FOREST PARK ST 12. OFFICERS AND DIRECTIONS IN 12. ITIME D Change L-Addition KEENAN, DERRY J., DR. 112 NAME DELETE 2 TIME D Change L-Addition MCCARRON, MICHAEL 23. SIREE ADDRESS 43. SIREE ADDRESS 44. Cry St-2P 1011 DELETE 4 STITLE DELETE 5 STITLE ADDRESS CITY-ST-2P 1011 DELETE 5 STITLE ADDRESS STREET ADDRESS CITY-ST-2P 1014 1015 1016 1016 1017 1017 1017 1017 1017 1018 1	23 Tampa	a, FL	28 Tampa, FL			Trust Fund Contribution		Added	to Fees
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KEENAN, DEREK, DR. 1111 FOREST PARK STREET LAKELAND FL 33803		9. Name and Address of Current	1	~ 1					
KEENAN, DEREK, DR. 1111 FOREST PARK STREET LAKELAND FL 33803 82 Suite 612 Tampa, FL FL 85 Zip Code 3360.7 11. Pursuant to the provisions of Soctions 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Epirida. Such change was authorized by the corporation's board of directs. I hereby accept the appointment as registered agent, or both, in the State of Epirida. Such change was authorized by the corporation's board of directs. I hereby accept the appointment as registered agent, or both, in the State of Epirida. Such change was authorized by the corporation's board of directs. I hereby accept the appointment as registered agent, or both in the State of Epirida. Such change was authorized by the corporation's board of directs. I hereby accept the appointment as registered agent, or both in the State of Epirida. Such change was authorized by the corporation's board of directs. I hereby accept the appointment as registered agent, or both in the State of Epirida. Such change was authorized by the corporation's board of directs. I hereby accept the appointment as registered agent, or board of directs. I hereby accept the appointment as registered agent, or board of directs. I hereby accept the appointment as registered agent, or board of directs. I hereby accept the appointment as registered agent, or board of directs. I hereby accept the appointment as registered agent, or board of directs. I hereby accept the appointment as registered agent. I have a company the price accept the appointment as registered agent. I have accept the appointment as regi				81 Name		01			
1111 FOREST PARK STREET LAKELAND FL 33803 Suite 612	KEENAN.	DEREK, DR.		R2 Street)(a)		
LAKELAND FL 33803 Suite 612				3,000					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing lits registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are highly acceptable of provisions of, Section 617.0503. Florida Statutes. SIGNATURE PO				83	G	d C12			
1. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporations under the pursues of changing its registered agent. I am familiar with an arranglar with a decopying obtained of 5. Section 617.0503. Florida Statutes. SIGNATURE Signature view or present rease of improvement of the purpose of changing its registered agent. I am familiar with an arranglar with a decopying obtained of 5. Section 617.0503. Florida Statutes. SIGNATURE Signature view or present rease of improvement of the purpose of changing its registered agent. I am familiar with a re				84 City	<u> Su</u>	ite biz		RS Zin	Code
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SIGNATURE Sign bower, Specified name at largement Angers and 18 bit Appointable PO	11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statutes	s, the above-named	corpor	ation submits this statement for the p	urpose of cl	hanging	its registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE D Change CADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.2 NAME CHANGES CADDITIONS/CHANGES TO OFFICERS AND DIRECTORS CADDITIONS/CHANGES	agent. I ar	n familiar with, and accept the obligation	ions of, Section 617.0503, Flor	ida Statutes.	poration	is board of oriectors. Thereby accep	it the appoin	MINOR ES	s registered
Title		Signature, typyd or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature	e required	when reinstating)	DATE		
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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 chapted, or on an attachment with an address.

SIGNATURE:

SIONING OFFICER OR DIRECTOR

2114/97

813-287-282

Daytime Phone # 0052657