SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**

1998

SIGNATURE: c



FLORIDA DEPARTMENT OF STATE

Aug 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N39823 FLORIDA ASSOCIATION OF ACADEMIC NONPUBLIC SCHOOL S. INC. Principal Place of Business Mailing Address 1211 N WESTSHORE BLVD 1211 N WESTSHORE BLVD 3. Date Incorporated or Qualified STE 612 09/04/1990 **TAMPA FL 33807** TAMPA FL 33807 4. FEI Number Applied For 59-2348803 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 4200 BISCAVNE BIVA Fee Required Suite, Apt. #, etc. Sulte, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State , City & State 7. Is this nonprofit corporation a homeowner association?

Yes No 23 28 Zip Country This corporation owes or has paid the current year Intangible 73137 USA Yes 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name C SKARDON BLISS R2 Street Address (P.O. Box Number is Not Acceptable) 1211 N WESTSHORE BLVD 83 STE 612 **TAMPA FL 33607** 84 City 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 tamiliar with, and accept the obligations of, section 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **OFFICERS AND DIRECTORS** 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME **REV ROBERT J KROLL OFM** 1.2 NAME STREET ADDRESS 6539 9TH AVE N 1.3 STREET ADORESS ST PETERSBURG FL 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change X Addition Burke, Howard MCCARRON, MICHAEL NAME 2.2 NAME 23 STREET ADDRESS P.O. BOX 10009 STREET ADDRESS POST OFFICE BOX 1571 N/A FL 32302 lallahassee CITY-ST-ZIP <u>Tallahassee fl</u> 2.4 CITY-ST-ZIP TITLE DELETE 31 TITLE Change 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 4.1 TITLE □ DELETE Change **X** Addition Ford, CATHERINE 50W. Strawbridge Ave 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS Melbourne, fl 32901 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change X Addition Bloom, Raymona Haco Biscayne Blvd. 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS Miami, £ 33137 CITY-ST-ZIP 5.4 CITY-ST-ZIP NAME

STREET ADDRESS

CONNET ZELDA

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 ennual 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 TITLE 6.1 TITLE X Addition DELETE Change