

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).

8 - - - FILED  
 Aug 05 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 # N39823 (2)  
 1. Corporation Name  
 FLORIDA ASSOCIATION OF ACADEMIC NONPUBLIC SCHOOL S, INC.



Principal Place of Business Mailing Address

1211 N WESTSHORE BLVD STE 612 TAMPA FL 33607 US

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3. Date Incorporated or Qualified  
 09/04/1990

4. FEI Number Applied For  
 59-2348803 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 4200 Biscayne Blvd

22 City & State 27 Miami, FL

23 Zip Country 29 33137 30 USA

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

C SKARDON BLISS  
 1211 N WESTSHORE BLVD  
 STE 612  
 TAMPA FL 33607

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		
TITLE	D	<input type="checkbox"/> DELETE
NAME	REV ROBERT J KROLL OFM	
STREET ADDRESS	6539 9TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCARRON, MICHAEL	
STREET ADDRESS	POST OFFICE BOX 1571 N/A	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D P	<input type="checkbox"/> DELETE
NAME	BLISS, SKARDON	
STREET ADDRESS	1211 N WESTSHORE BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	33710	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Burke, Howard	
2.3 STREET ADDRESS	P.O. Box 10009 N/A	
2.4 CITY-ST-ZIP	Tallahassee, FL 32302	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ford, Catherine	
4.3 STREET ADDRESS	50w. Strawbridge Ave	
4.4 CITY-ST-ZIP	Melbourne, FL 32901	
5.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bloom, Raymond	
5.3 STREET ADDRESS	4200 Biscayne Blvd.	
5.4 CITY-ST-ZIP	Miami, FL 33137	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Carner, Zelda	
6.3 STREET ADDRESS	9600 SW 107th Ave	
6.4 CITY-ST-ZIP	Miami, FL 33176	

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:  DATE: 7/10/98 813-572-4587  
Signature and typed or printed name of signing officer or director. (727) Daytime Phone #

CR2E037 (5/98)