

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90098 008 \*\*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N39823**

1. Corporation Name  
**FLORIDA ASSOCIATION OF ACADEMIC NONPUBLIC SCHOOL S, INC.**

Principal Place of Business  
 1211 N WESTSHORE BLVD  
 STE 612  
 TAMPA FL 33607  
 US

Mailing Address  
 4200 BISCAYNE BLVD  
 MIAMI FL 33137  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/04/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2348803	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C SKARDON BLISS 1211 N WESTSHORE BLVD STE 612 TAMPA FL 33607				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV ROBERT J KROLL OFM	1.2 NAME	Left
STREET ADDRESS	6533 9TH AVE N	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP BURKE, HOWARD	2.2 NAME	
STREET ADDRESS	P O BOX 10009 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32302	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP 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	S FORD, CATHERINE	4.2 NAME	
STREET ADDRESS	50 W STRAWBRIDGE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DT BLOOM, RAYMOND	5.2 NAME	
STREET ADDRESS	4200 BISCAYNE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CARNER, ZELDA	6.2 NAME	
STREET ADDRESS	9600 SW 107TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 1/28/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

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 576 4030  
 Daytime Phone #