

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 JUN 26 PM 2:00

DOCUMENT # N93000003060 (1)

1. Corporation Name

CENTRAL FLORIDA COMMUNITY SCHOOL, INC.

21	22	23	24	25	26	27	28	29	30
2a. Mailing Address					2b. Mailing Address				
2220 HEMPEL AVE WINTER GARDEN FL 34787					2220 HEMPEL AVE WINTER GARDEN FL 34787				

3	3a	3b
07/08/1993	03/11/1994	
4	5	6
59-3022217	\$8.75 Additional Fee Required	\$5.00 May Be Added to Fees
7	8	9
\$68.75 Supplemental Fee Not Required		

9. Name and Address of Current Registered Agent

**WRIGHT, LYNN W
886 S. DILLARD ST.
WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

85. Zip Code

FL

11. I, the undersigned, the president or secretary of the corporation named in this statement for the purposes of this report as registered office of the corporation named in this statement, hereby certify that the information contained herein was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of the corporation named in this statement for the purposes of this report.

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS
<p>NAME: PS FLANDERS, ROBERT D</p> <p>ADDRESS: 2220 HEMPEL AVE. WINTER GARDEN FL</p>	
<p>NAME: V FLANDERS, ROWENA D</p> <p>ADDRESS: 368 CYPRESS LANDING DR. LONGWOOD FL</p>	
<p>NAME: T CHERNEY, JERRY D</p> <p>ADDRESS: 6623 HIDDEN BEACH ORLANDO FL</p>	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is not required by law from this corporation. I further certify that the information is true and correct to the best of my knowledge and belief, and that the corporation shall have the same responsibility of such information as if it were the responsibility of the corporation. I further certify that the information is true and correct to the best of my knowledge and belief, and that the corporation shall have the same responsibility of such information as if it were the responsibility of the corporation.

SIGNATURE: **Robert A. Flanders**

SIGNATURE MUST BE WRITTEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95 407-290-8073