


FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003060 (1)
1. Corporation Name
CENTRAL FLORIDA COMMUNITY SCHOOL, INC.



Principal Place of Business 1430 CITRUS OAKS AVENUE OCOE FL 34761	Mailing Address P.O. BOX 817 GOTHA FL 34734
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3. Date Incorporated or Qualified 07/08/1993	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-3022217		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WRIGHT, LYNN W P.A. 2716 REW CIRCLE, SUITE 102 OCOE FL 34761	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PVST <input type="checkbox"/> DELETE
NAME	FLANDERS, ROBERT
STREET ADDRESS	368 CYPRESS LANDING DRIVE
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	D <input type="checkbox"/> DELETE
NAME	KALISZESKI, MIKE DR.
STREET ADDRESS	2730 PARK PLACE BLVD., UNIT 5
CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	D <input type="checkbox"/> DELETE
NAME	MILLER, KELLY
STREET ADDRESS	7342 WOODKNOT COURT
CITY-ST-ZIP	ORLANDO FL 32835
TITLE	D <input type="checkbox"/> DELETE
NAME	FLANDERS, ROWENA
STREET ADDRESS	368 CYPRESS LANDING DRIVE
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	D <input type="checkbox"/> DELETE
NAME	STAMPER, BRIAN SR.
STREET ADDRESS	1 EDENTON COURT
CITY-ST-ZIP	OCOE FL 34761
TITLE	D <input type="checkbox"/> DELETE
NAME	HEIRICH, EARLA
STREET ADDRESS	209 SLADE DRIVE
CITY-ST-ZIP	LONGWOOD FL 32750

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 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 in Block 14 if added, with an address.

SIGNATURE: _____ **REQUIRED** **2/24/98 907 290 8073**

CF2E037 (10/97)