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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N94000002566 (7)
1. Corporation Name
BELZ ACADEMY, INC.

Principal Place of Business Mailing Address
4168 CLEVELAND AVE FT MYERS FL 33901 **4168 CLEVELAND AVE FT MYERS FL 33901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/20/1994	3a. Date of Last Report
4. FEI Number 65-0497504	Applied For <input type="checkbox"/> Not Applicable
5. 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country LEE	Country LEE
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9. Name and Address of Current Registered Agent
**BELZ, ANDREA
4168 CLEVELAND AVE
FT MYERS FL 33901**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BELZ, ANDREA
STREET ADDRESS	4370 TUFTS AVE
CITY - ST - ZIP	FT MYERS FL 33901
TITLE	D
NAME	FURLOW, KELSEY
STREET ADDRESS	4370 TUFTS AVENUE
CITY - ST - ZIP	FT MYERS FL 33901
TITLE	D
NAME	BENSON, JOSEPH M
STREET ADDRESS	PO BOX 646 N/A
CITY - ST - ZIP	LABELLE FL 33935
TITLE	D
NAME	PATTON, EVELYN
STREET ADDRESS	481 MARSH AVENUE
CITY - ST - ZIP	FT. MYERS FL 33905
TITLE	D
NAME	MELTON, CAROLYN
STREET ADDRESS	2107 SUNRISE BLVD.
CITY - ST - ZIP	FT MYERS FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D SHERRY BLESSITT
3.3 STREET ADDRESS	P.O. Box 07463 N4
3.4 CITY - ST - ZIP	FORT MYERS, FL 33919
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Andrea Belz **2-3-95** **813-277-7089**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)