

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

3. Date Incorporated or Qualified
05/20/1994

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 1635 Colonial Blvd

26 Same

4. FEI Number
65-0497504

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 -----

27 MA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23 Ft. Myers, FL

28 Same

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No not sure

Zip

25 Country

29 Zip

30 Country

24 33907

25 Lee

29 "

30 Lee

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELZ, ANDREA
4168 CLEVELAND AVE
FT MYERS FL 33901

81 Name

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

1635 Colonial Blvd.

83

84 City Ft. Myers

FL

85 Zip Code 33907

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

Andrea Belz
Signature of the current registered agent and title if applicable.

1/22/96
(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BELZ, ANDREA	
STREET ADDRESS	4370 TUFTS AVE	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FURLOW, KELSEY	
STREET ADDRESS	4370 TUFTS AVENUE	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLESSITT, SHERRY	
STREET ADDRESS	P O BOX 07463 N/A	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	PATTON, EVELYN	
STREET ADDRESS	481 MARSH AVENUE	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MELTON, CAROLYN	
STREET ADDRESS	2107 SUNRISE BLVD.	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	S	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Thornhill, Annette
3.3 STREET ADDRESS	P.O. Box 5241
3.4 CITY-ST-ZIP	Sarasota, FL. 32477
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	300001747663 M.M.
4.3 STREET ADDRESS	-03/18/96--01107--008
4.4 CITY-ST-ZIP	***61.25 3-18-96
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ouderkirk, Annette
5.3 STREET ADDRESS	2750 Royal Palm Ave.
5.4 CITY-ST-ZIP	Ft. Myers, FL 33901
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Higgins, David
6.3 STREET ADDRESS	3949 Evans Ave.
6.4 CITY-ST-ZIP	Ft. Myers, Fla. 33901

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: *Kelsey Furlow* Kelsey Furlow 20 Jan 96 (441)275-7748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)