## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9400002566 (7) 1. Corporation Name

BELZ ACADEMY, INC.

Principal Plac	e of Business	Mailing Address	• •		{	JIM PRIII BRIII IIAL LIIKE		
1635 COLONIAL BLVD. FT MYERS FL 33907		1635 COLONIAL BLVD. FT MYERS FL 83907-110	1635 COLONIAL BLVD.					
FI MIEHO FL	33907	FI MICHO FL 0000/110	•					
					3. Date Incorporated or Qualified	3a. Date of Last R	eport	
9 Principal D	lace of Business	0- 14-11 1-1			05/20/1994	03/18/19		
	lace of Business	2a. Mailing Address			4. FEI Number 65-0497504		oplied For	
21 Suite, Apt.	# etc	Suite, Apt. #, etc.			00 0101001		ot Applicable	
22	, old.	27			5. Certificate of Status Desired	\$8.75 / Fee Re		
City & State City & State					6. Election Campaign Financing	\$5.00	· · · · · · · · · · · · · · · · · · ·	
23		28			Trust Fund Contribution	Added to		
Zip	Country Zip C		Countr	79 8. This corporation has liability for intangible tax under s. 199.032,		. 199.032,		
24	25 29 30		30		Florida Statutes			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
_			81	Name				
BĚLZ, ANDREA			82	Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
1635 COLONIAL BLVD.								
FT MYE	RS FL 33907		83					
-			84	City		85 Zip (	Code	
44 0	to the averticine of Continue C17.05	00 1 047 4500 51 11 01 1						
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-name office or registered agent, or both, in the State of Florida, Such change was authorized by the companies.					poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing it the appointment as	s registered registered	
agent. Fam ramiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		IS IN 12	
TITLE	D	DELETE	1.1 TITLE			☐ Change	Addition	
NAME .	BELZ, ANDREA		1.2 NAME					
STREET ADDRESS	4370 TUFTS AVE		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	FT MYERS FL 33901		1.4 CITY -	ST-ZIP				
TITLE	D	DELETE	2.1 TITLE			☐ Change	Addition	
NAME	Furlow, Kelsey		2.2 NAME					
STREET ADDRESS	4370 TUFTS AVENUE		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	FT MYERS FL 33901		2. 4 CITY -	ST-210				
TITLE	D	DELETE	3.1 TITLE	ا / ر	David Higgins	Change	☐ Addition	
NAME	THORNHILL, ANNETTE		3.2 NAME	ارىر	David Higgins 3949 Evans A	u.e.		
STREET ADDRESS	PO BOX 5241			AUDRESS				
CITY-ST-ZIP	SARASOTA FL 32477 C	DELETE	3.4. CITY-	ST-ZIP	FT. MY ERS, PL.		A district	
TITLE	PATTON, EVELYN	□ ncrete	4.1 TITLE	.		☐ Change	Addition	
NAME STREET ADDRESS	481 MARSH AVENUE		4. 2 NAME					
STREET ADDRESS	FT. MYERS FL 33905			T ADDRESS				
CITY-ST-ZIP TITLE	D FI. MIENO FL 30900	DELETE	5.1 TITLE	SI - ZIP		Change	Addition	
NAME	MELTON, CAROLYN				70000206 -01/21/970101 ***61_25	2817	☐ Wooloom	
STREET ADDRESS	2107 SUNRISE BLVD.		5.2 NAME		-01/21/970101	0020		
	FT MYERS FL 33907			T ADDRESS	***61.25			
CITY-ST-ZIP TITLE	S S	☐ DELETE	5.4 City -	SI-ZIP		Change	☐ Addition	
NAME	OUDERKIRK, ANNETTE	La DELLIE	6.2 NAME	ļ		in charge		
STREET ADDRESS	2750 ROYAL PALM AVE.			T ADDRESS				
CITY-ST-ZIP	FT. MYERS FL 33901		6.4 CITY		01-17-970R	1110		
-117 W1 KII			V.1 OH [ *	UT EIT		, , , , , ,		

14. I do 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.

SIGNATURE

HE AND TYPED OR PRINTED NAME OF SCANING OFFICER OR DIRECTOR

7-6-77 Date

Daytime Phone # 0055286

**FILED** 

Jan 17 1997 8:00am

Secretary of State