

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002836 (4)

1. Corporation Name

SUMMERLIN MULTICULTURAL INSTITUTE, INCORPORATED



Principal Place of Business

Mailing Address

**1024 LAKE SILVER DRIVE NE
WINTER HAVEN FL 33881**

**P.O. BOX 1084
LAKELAND FL 33802**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

06/03/1994

3a. Date of Last Report

11/06/1995

4. FEI Number

59-3250208

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURPHY, CAROL C
58 LAKE MORTON DRIVE
LAKELAND FL 33801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **VAN FLEET, MEDORA PHD**
STREET ADDRESS **1024 LAKE SILVER DR., NE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **SD** ☐ DELETE
NAME **BRYANT, BECKY**
STREET ADDRESS **106 LAKE WHISTLER DR.**
CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE **VPD** ☐ DELETE
NAME **HALL, JON**
STREET ADDRESS **P.O. BOX 469 N/A**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **D** ☐ DELETE
NAME **CALDWELL, NANCY R**
STREET ADDRESS **COUNTY ADMINISTRATION BLDG.**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **D** ☐ DELETE
NAME **KEEDY, MIKE**
STREET ADDRESS **1010 SOUTH ORNAGE AVE.**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **RAID** ☐ Change ☒ Addition
1.2 NAME **CAROL C MURPHY**
1.3 STREET ADDRESS **58 LAKE MORTON DRIVE**
1.4 CITY-ST-ZIP **LAKELAND FL 33801**

2.1 TITLE **T/D** ☐ Change ☒ Addition
2.2 NAME **ROY C JOHNSON**
2.3 STREET ADDRESS **412 FIRST STREET SOUTH**
2.4 CITY-ST-ZIP **LAKE WALES, FL 33830**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **JOAN TURNER**
3.3 STREET ADDRESS **P.O. BOX 3126**
3.4 CITY-ST-ZIP **WINTER HAVEN FL 33881**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **CLAUDE WOODRUFF**
4.3 STREET ADDRESS **2787 N MICHIGAN AVE**
4.4 CITY-ST-ZIP **KISSIMMEE FL**

5.1 TITLE **D/RICKEY FARRER** ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS **334 CITRONE ROAD**
5.4 CITY-ST-ZIP **WINTER HAVEN FL 33880**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **JOSEPHINE HOWARD**
6.3 STREET ADDRESS **1909 SOUTH 10TH STREET**
6.4 CITY-ST-ZIP **HAINES CITY FL 33844**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Carol C Murphy 2/20/96 941-688-6162

CR2E037 (12/95)