


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002836 (4)
1. Corporation Name
SUMMERLIN MULTICULTURAL INSTITUTE, INCORPORATED



Principal Place of Business 1024 LAKE SILVER DRIVE NE WINTER HAVEN FL 33881	Mailing Address P.O. BOX 1084 LAKELAND FL 33802-1084
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3. Date Incorporated or Qualified 06/03/1994	3a. Date of Last Report 03/26/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 P O DRAWER 3428	4. FEI Number 59-3250208	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State LAKE WALES FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 33859-3428	Country 30 POLK

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	Same	
	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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	R/A, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN FLEET, MEDORA PHD	1.2 NAME	CAROL C MURPHY
STREET ADDRESS	1024 LAKE SILVER DR., NE	1.3 STREET ADDRESS	58 LAKE MORTON DR
CITY-ST-ZIP	WINTER HAVEN FL 33881	1.4 CITY-ST-ZIP	LAKELAND, FL 33808
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, BECKY	2.2 NAME	
STREET ADDRESS	106 LAKE WHISTLER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, JON	3.2 NAME	
STREET ADDRESS	P.O. BOX 469 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, NANCY R	4.2 NAME	
STREET ADDRESS	COUNTY ADMINISTRATION BLDG.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEDY, MIKE	5.2 NAME	
STREET ADDRESS	1010 SOUTH ORNAGE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, JOSEPHINE	6.2 NAME	
STREET ADDRESS	1909 SOUTH 10TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	6.4 CITY-ST-ZIP	

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 _____ **1-941-70-7774**

CR2E037 (9/96)