


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90057 015 ****61.25

0020439

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # N97000002295

1. Corporation Name
MILESTONES COMMUNITY SCHOOL, INC.

Principal Place of Business 461 WILLOW TREE DRIVE MELBOURNE FL 32940	Mailing Address 461 WILLOW TREE DRIVE MELBOURNE FL 32940
----------------------------------------------------------------------------	----------------------------------------------------------------



2. Principal Place of Business 21 <i>1982 Lewis Turner Blvd.</i>	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/23/1997
Suite, Apt. #, etc. 22 <i>Suite C.</i>	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE
City & State 23 <i>Fort Walton Beach Florida</i>	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 <i>32547</i>	Country 25 <i>USA</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent O'BRIEN, JAMES M ESQ. 1686 WEST HIBISCUS BLVD. MELBOURNE FL 32901	10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	LYONS, MICHAEL	1.1 TITLE	
NAME	201 PLANTATION CLUB DRIVE, #506	1.2 NAME	
STREET ADDRESS	MELBOURNE FL 32940	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D	CARPER, KIMBERLY G	2.1 TITLE	JERRY White
NAME	461 WILLOW TREE DRIVE	2.2 NAME	
STREET ADDRESS	MELBOURNE FL 32940	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	CARPER, BRETT A	3.1 TITLE	DR. FRANK Wittwer
NAME	461 WILLOW TREE DRIVE	3.2 NAME	
STREET ADDRESS	MELBOURNE FL 32940	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 4-5-99 (407) 729-0500
 Date Daytime Phone #

CR2E037 (1-1/98)