


FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90037 042 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002381

1. Corporation Name

GENEVA ACADEMY OF DELAND, INC.

Principal Place of Business

**811 ORANGE CAMP ROAD
DELAND FL 32724**

Mailing Address

**811 ORANGE CAMP ROAD
DELAND FL 32724**

117209 - 90037 - 42



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/28/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3444642	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

**TITCOMB, KENT
401 JACKSON AVE
DELAND FL 32720**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITCOMB, KENT	1.2 NAME	
STREET ADDRESS	401 JACKSON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILOSN, JOHN D	2.2 NAME	
STREET ADDRESS	402 CINNAMON CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DION, JAYNE	3.2 NAME	
STREET ADDRESS	3271 EAGLE ROCK TRL	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TCHIVIDJAIN, BOZ	4.2 NAME	
STREET ADDRESS	502 GORDON CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32720	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, WILLIAM	5.2 NAME	
STREET ADDRESS	420 E UNIVERSITY	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D COOK, JOHN
STREET ADDRESS		6.3 STREET ADDRESS	40 BASS LAKE DR.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DEBARY, FL 32713

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 JAYNE DION
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99
Date

(904) 738-7670
Daytime Phone #

CR2E037 (1/98)