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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000006362

1. Corporation Name
THE CANTERBURY SCHOOL OF FLORIDA FOUNDATION, INC

Principal Place of Business
 901 58TH AVENUE NE
 ST PETERSBURG FL 33703-1697

Mailing Address
 901 58TH AVENUE NE
 ST PETERSBURG FL 33703-1697



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/12/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3533962	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	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				10. Name and Address of New Registered Agent			
DIKE, DAVID H 901 58TH AVENUE NE ST PETERSBURG FL 33703-1697				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 <input type="checkbox"/> DELETE	1.1 TITLE	D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, WILLIAM R JR	1.2 NAME	
STREET ADDRESS	400 N ASHLEY DR, STE 2300	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEIGER, LARRY W	2.2 NAME	BOND, MARY ANNE
STREET ADDRESS	1443 54TH AVE NE	2.3 STREET ADDRESS	4695 ALISA CIRCLE N.E.
CITY-ST-ZIP	ST PETERSBURG FL 33703	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	LANE, SYLVIA H	3.2 NAME	
STREET ADDRESS	1408 72ND AVE NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33702	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D, S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLTON, DAVID	4.2 NAME	
STREET ADDRESS	1140 42ND AVE NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33703	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	KNOWLTON, DAVID H	5.2 NAME	
STREET ADDRESS	1140 42ND AVE NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33703	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: W. S. Bond **REQUIRED** 2/8/99 727/525-1419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)