

DOCUMENT # N97000006362

1. Entity Name

THE CANTERBURY SCHOOL OF FLORIDA FOUNDATION, INC

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90239 045 ****61.25

Principal Place of Business

Mailing Address

901 58TH AVENUE NE
ST PETERSBURG FL 33703-1697

901 58TH AVENUE NE
ST PETERSBURG FL 33703-1630

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3533962

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Input box

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIKE, DAVID H
901 58TH AVENUE NE
ST PETERSBURG FL 33703-1697

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

Input box

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include DP LANE, WILLIAM R JR; D BOND, MARY ANNE; D LANE, SYLVIA H; DST KNOWLTON, DAVID; D KNOWLTON, DAVID H.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include DS Leslie Ann Smith; DV W. Robb Hough, Jr.

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leslie Ann Smith 1/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E 037 (SM)