

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P38362 (0)**  
1. Corporation Name  
**INSTITUTE FOR SELF ACTIVE EDUCATION, INC.**



Principal Place of Business <b>1078 PINEAPPLE MELBOURNE FL 32935</b>	Mailing Address <b>P.O. BOX 511001 MELBOURNE BEACH FL 32951-1001</b>
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3. Date Incorporated or Qualified <b>04/15/1992</b>	3a. Date of Last Report <b>07/30/1996</b>
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2. Principal Place of Business <b>21 103 Budris Road</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Melbourne Beach FL</b>	City & State <b>28</b>
Zip <b>24 32951</b>	Country <b>25 USA</b>
Country <b>29</b>	Country <b>30</b>

4. FEI Number <b>04-2688287</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DREW, WALTER F.  
103 BUDRIS ROAD  
MELBOURNE BEACH FL 32951**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DREW, WALTER F.</b>	1.2 NAME	
STREET ADDRESS	<b>103 BUDRIS ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL 32951</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DREW, KATHERINE</b>	2.2 NAME	
STREET ADDRESS	<b>103 BUDRIS ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL 32951</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DTS</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAULK, P. W</b>	3.2 NAME	
STREET ADDRESS	<b>1384 WING RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BAY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DC</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NATIONS, ZEKE</b>	4.2 NAME	
STREET ADDRESS	<b>1900 HARBOUR CITY BLVD., SUITE 335</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANDT, LINDA</b>	5.2 NAME	
STREET ADDRESS	<b>1690 HIGHLAND AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D David Azar</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>7245 S. A1A</b>	6.2 NAME	
STREET ADDRESS	<b>Melbourne Bch, FL. 32951</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

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