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Mar 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. McSham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003964 (1)

1. Corporation Name

THE CENTER SCHOOL, INCORPORATED

Principal Place of Business

Mailing Address

5472 RIVER BAY DRIVE
PUNTA GORDA FL 33950

5472 RIVER BAY DRIVE
PUNTA GORDA FL 33950-8733



3. Date Incorporated or Qualified
07/26/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 9877 Gulfstream Blvd 31-1475342

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, PATRICIA A
5472 RIVER BAY DRIVE
PUNTA GORDA FL 33950

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 Patricia A Williams

Academic Director

2/05/97

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 ☐ DELETE

NAME Patricia A Williams

STREET ADDRESS 5472 River Bay Dr

CITY-ST-ZIP Punta Gorda FL 33950

TITLE ☐ DELETE

NAME Sandra J. Fury

STREET ADDRESS 9877 Gulfstream Blvd

CITY-ST-ZIP Englewood, FL 34224

TITLE ☐ DELETE

NAME Lynn Bernstein, Ph.D.

STREET ADDRESS 1861 Placida Rd Suite 101

CITY-ST-ZIP Englewood, FL 34224

TITLE ☐ DELETE

NAME Linda Morland

STREET ADDRESS 165 W Green St

CITY-ST-ZIP Englewood FL 34223

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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. On an attachment with an address:

SIGNATURE:

Sandra J. Fury

SANDRA J. FURY

2/05/97

941-575-8080

CR2E037 (9/96)