

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90236 029 ***150.00

DOCUMENT # P96000011851 *OK*

1. Corporation Name

NICENE SCHOOLS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

REPORTER, WRIGHT, MORRIS & ARTHUR
4501 TAMiami TRAIL NORTH, SUITE 400
NAPLES FL 33940

REPORTER, WRIGHT, MORRIS & ARTHUR
4501 TAMiami TRAIL NORTH, SUITE 400
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1996

4. FEI Number

65-0649778

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

Yes ☐ No ☐

2. Principal Place of Business

2a. Mailing Address

21 5801 PELICAN BAY BLVD.

26 5801 PELICAN BAY BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 300

27 SUITE 300

23 City & State
NAPLES, FL 34108-2709

28 City & State
NAPLES, FL 34108-2709

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

WILSON, GARY K
4501 TAMiami TRAIL NORTH, SUITE 400
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

WILSON, GARY K.

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

5801 PELICAN BAY BLVD.

83 SUITE 300

84 City

NAPLES

85 Zip Code

FL

34108-2709

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
EDGAR, PAUL
STREET ADDRESS
150 W HIGH ST
CITY-ST-ZIP
SOMERSWORTH NH 03878

TITLE ☐ DELETE

NAME
D
SCOTT, OTTO
STREET ADDRESS
6075 S. 299TH PL
CITY-ST-ZIP
FREDERAL WAY WA 98003

TITLE ☐ DELETE

NAME
D
MCINTYRE, ELLSWORTH
STREET ADDRESS
607 W HIGH STREET
CITY-ST-ZIP
SOMERSWORTH NH 03878

TITLE ☐ DELETE

NAME
D
CLARK, THOMAS III
STREET ADDRESS
150 W. HIGH STREET
CITY-ST-ZIP
SOMERSWORTH NH 03878

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 607, 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: *Thomas Clark*

THOMAS CLARK, III

3-20-99

(603) 692-2093

Date

Business Phone