

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009269

**Entity Name:** FLORIDA HIGH SCHOOL FOR ACCELERATED LEARNING  
NORTH LEE COUNTY CAMPUS, INC.

**FILED**  
**May 01, 2023**  
**Secretary of State**  
**8034651025CC**

**Current Principal Place of Business:**

428 SW PINE ISLAND RD.  
CAPE CORAL, FL 33991

**Current Mailing Address:**

428 SW PINE ISLAND RD.  
CAPE CORAL, FL 33991

**FEI Number: 75-3255798**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PIRES, ANTHONY PJR  
% WOODWARD, PIRES & LOMBARDO, P.A.  
3200 NORTH TAMiami TRAIL, STE 200  
NAPLES, FL 34103 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P, D, PRESIDENT  
Name DULANEY-BURKE, JENENE  
Address 17557 TIMBERLINE PKWY  
City-State-Zip: BABCOCK RANCH FL 33982

Title DIRECTOR, SECRETARY  
Name MCRICKARD, LAURA  
Address 58 SOUTHPORT COVE  
City-State-Zip: BONITA SPRINGS FL 34134

Title VP, DIRECTOR  
Name LAPOINTE, MARGARET H  
Address 3020 MATECUMBE KEY RD  
#306  
City-State-Zip: PUNTA GORDA FL 33955

Title DIRECTOR  
Name BELL, DELORES  
Address 601 ISLAMORADA BLVD.  
UNIT 23B  
City-State-Zip: PUNTA GORDA FL 33955

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DULANEY-BURKE, JENENE**

**PRESIDENT**

**05/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date