

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009269

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC3708213715**

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

**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 PD  
Name WASHINGTON, LORNA Y  
Address 4307 18TH SW  
City-State-Zip: LEHIGH ACRES FL 33976

Title D  
Name DULANEY, JENENE  
Address 28861 BERMUDA LAGO CT. #202  
City-State-Zip: BONITA SPRINGS FL 31434

Title STD  
Name HENNEBERY, JOHN  
Address 7514 KEY DEER COURT  
City-State-Zip: FORT MYERS FL 33936

Title DIRECTOR  
Name KOELEMAYER, KEVIN N  
Address 28324 NAUTICA LANE  
City-State-Zip: BONITA SPRINGS FL 34135

*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: LORNA WASHINGTON**

**PRESIDENT/DIRECTOR**

**04/30/2015**

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

\_\_\_\_\_  
Date