

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N07000009269

**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 P, D, PRESIDENT  
Name DULANEY, JENENE  
Address 28542 ALESSANDRIA CIRCLE  
City-State-Zip: BONITA SPRINGS FL 31435

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

Title DIRECTOR  
Name HENRY, KIMBERLEY C.  
Address 9420 BONITA BEACH ROAD  
SUITE 200  
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: JENENE DULANEY**

**PRESIDENT**

**05/30/2018**

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

\_\_\_\_\_  
Date