

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**Apr 02 1996 8:00 am**  
**Secretary of State**

DOCUMENT # **705925** (6)

1. Corporation Name

**LAKE HIGHLAND PREPARATORY SCHOOL, INC.**



Principal Place of Business: **901 N. HIGHLAND AVE. ORLANDO FL 32803**  
Mailing Address: **901 N. HIGHLAND AVE. ORLANDO FL 32803**

3. Date Incorporated or Qualified: **07/19/1963**  
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-0624431**  
5. Certificate of Status Desired:   
6. Election Campaign Financing Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **MAYFIELD, J. ROBERT 901 N. HIGHLAND AVE. ORLANDO FL 32803**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	
NAME	BRADSHAW, CHARLES E	12 NAME	
STREET ADDRESS	901 N. HIGHLAND AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	
NAME	REX, CHARLES	22 NAME	
STREET ADDRESS	901 N HIGHLAND AVE	23 STREET ADDRESS	
CITY-ST-ZIP	ORLAND, FL 00000	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	
NAME	GUERNSEY, JOSEPH S	32 NAME	
STREET ADDRESS	1216 EASTIN AVE	33 STREET ADDRESS	
CITY-ST-ZIP	ORLAND, FL 00000	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	
NAME	MEHERG, ROBERT	42 NAME	
STREET ADDRESS	1607 BARCELONA WAY	43 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	44 CITY-ST-ZIP	
TITLE	VCD	51 TITLE	Vice Chairman/Director
NAME	HOFFMANN, L A	52 NAME	L. Autrey Hoffman
STREET ADDRESS	P. O. BOX 547456	53 STREET ADDRESS	811 Lake Adair Blvd
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	Orlando, FL 32804
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished, and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with a 1 address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **27 March 91**  
Daytime Phone: \_\_\_\_\_

CR2E037 (12/95)