

**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

DOCUMENT # 718233 (0)

1. Corporation Name

BERKELEY PREPARATORY SCHOOL, INC.



Principal Place of Business

Mailing Address

4811 KELLY ROAD  
TAMPA FL 33615

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TAMPA FL 33615

3. Date Incorporated or Qualified  
03/24/1970

3a. Date of Last Report  
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1292802

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

Country

Country

25

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERLUZZI, JOSEPH A.  
4811 KELLY ROAD  
TAMPA, 33615-2020

81

Name

82

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

83

84

City

FL

85

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	YELVERTON, ROBERT	
STREET ADDRESS	2526 W JETTON AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	KALISH, WILLIAM	
STREET ADDRESS	4100 BARNETT PLAZA	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, JEREMY P	
STREET ADDRESS	220 FRANKLIN ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MAXWELL, JAMES	
STREET ADDRESS	101 E KENNEDY BLVD., STE 1500	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KALISH, WILLIAM	
1.3 STREET ADDRESS	4100 BARNETT PLAZA	
1.4 CITY-ST-ZIP	TAMPA, FL 33601	
2.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BERKMAN, MONROE	
2.3 STREET ADDRESS	201 E. KENNEDY BLVD., SUITE 1400	
2.4 CITY-ST-ZIP	TAMPA, FL 33609	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BASHAM, ROBERT	
3.3 STREET ADDRESS	550 N. REO, SUITE 204	
3.4 CITY-ST-ZIP	TAMPA, FL 33603	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOHNSON, BILL	
4.3 STREET ADDRESS	1907 CALUMET ST.	
4.4 CITY-ST-ZIP	CLEARWATER, FL 34625	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Kalish, Chairman

1-22-96

Date

(813) 222-8700

Daytime Phone #

CR2E037 (12/95)