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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

4811 KELLY ROAD
TAMPA FL 33615-5020

3. Date Incorporated or Qualified
03/24/1970

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1292802

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

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

24

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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 DELETE
NAME KALISH, WILLIAM
STREET ADDRESS 4100 BARNETT PLAZA
CITY-ST-ZIP TAMPA FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VCD DELETE
NAME BERKMAN, MONROE
STREET ADDRESS 201 E KENNEDY BLVD., SUITE 1400
CITY-ST-ZIP TAMPA FL

2.1 TITLE Change Addition
2.2 NAME TD
2.3 STREET ADDRESS Yelverton, Robert
2.4 CITY-ST-ZIP 2818 W. Virginia Ave.
Tampa, FL

TITLE SD DELETE
NAME BASHAM, ROBERT
STREET ADDRESS 550 N REO, SUITE 204
CITY-ST-ZIP TAMPA FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD DELETE
NAME JOHNSON, BILL
STREET ADDRESS 1907 CALUMET ST
CITY-ST-ZIP CLEARWATER FL

4.1 TITLE Change Addition
4.2 NAME VCD
4.3 STREET ADDRESS Johnson, Bill
4.4 CITY-ST-ZIP 1907 Calumet St
Clearwater, FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BILL JOHNSON

2/26/97

Date

813-885-1673

Daytime Phone # 0048236

CR2E037 (9/96)