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

NONPROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

200 LAURA ST.

<u>Jacksonville fl</u>

**GRIMMES, HENRY** 

JACKSONVILLE FL

927 OLD GROVE MANOR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCU 1. Corporation	IMENT # 73	80942	(0)							1				
GREEN	WOOD SCHOOL,	INC.								ere Her Ber				
Principal Plac	ce of Business	Mai	ling Address					1 (60)	GGO SINSI BORSA 16144 DI	DAD OLAN DIAN			HOLL BYRLL 1004	
2137 HENDRICH JACKSONVILLE	K\$ AVE : FL 32207-3309		2137 HENDRICKS AVE JACKSONVILLE FL 32207-3309											
								10/17		ed 3a.	Date	of Last #	Report <b>96</b>	
_	Place of Business	<b>├</b> —¬	2a. Mailing Address					FEI Numbe		114			pplied For	
21			26					59-15	794 15				ot Applicable	
Suite, Apt		27	Suite, Apt. #, etc.					Certificate	of Status Desired	ired S8.75 Additional Fee Required				
City & Sta	ite	28	City & State				6.		ampaign Financin Contribution	, , , , , , , , , , , , , , , , , , , ,				
Zip 24	Zip Country		Zip C				8.	8. This corporation has liability for Intangible tax under s. 199.032 Florida Statutes						
124	9. Name and Addres		ered Agent	1001			10.		Address of New					
	i, mitchell w Dependent dr Suite 32202	3104				Name Street	Address (F	ress (P.O. Box Number is Not Accept			table)			
11. Pursuant office or agent 1 s	to the provisions of Section registered agent, or both, am familiar with, and acce	ons 617.0502 and 61 in the State of Florida pt the obligations of.	7.1508, Florida Statu a. Such change was Section 617.0503, F	utes, the abo authorized lorida Statu	by tes	named the con	corporation s f	on submits the	is statement for the ectors. I hereby ac	he purpos copt the	• 1 1	1	ts registered registered	
SIGNATURE	Signature, typed or printed name of	of an although angers and this if	applicable /HO	TE: Flagislered A		a) signal us	real tend when	a releasation\		DAT				
12.		FICERS AND DIRECT		13,	Ager	nt signature			CHANGES TO O			BECTO	RS IN 12	
TITLE NAME STREET ADDRESS	D KRONQUIST, KARL 916 OLD GROVE M		DELETE	1.1 TITL 1.2 NAM	1E	ADDRESS	D Fred 8021	Favor Pebb	rite le creekl	Ane		Change	Addition	
CITY-SY-ZIP	JACKSONVILLE FL	<u></u>		1.4 C(1)	(-SI	T-ZIP	Pont	te Verc	In Bench	#				
TITLE NAME STREET ADDRESS	ROSCOE, JUDITH A 2137 HENDRICKS A		DELETE		IE Fet i	address					į LJ	Change	Addition	
CITY-ST-ZIP	JACKSONVILLE FL		DELETE	2. 4 CIT		1-211	<del>-</del>	<del></del>				Change	Addition	
NAME STREET ADDRESS	PARRISH, JENNY 2137 HENDRICKS A	VE	3.21		1E	T ADDRESS					<b>-</b> 2	Sherigo		
CITY-ST-ZIP ITLE	JACKSONVILLE FL C		☐ DELETE	3.4. C/T/ 4.1 T(T)		T-ZIP						Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BLOCKER, MICHAEI 24851 MISTY LAKES PONTE VEDRA BEA	S DRIVE		4. 2 NAM 4.3 STRE 4.4 CITY	EET /	ADDRESS								
TITLE	D LEGIES MITCHELL	<u> </u>	DELETE	5.1 TITLE 5.2 NAM	E	-411	- <del></del>			<del></del>		Change	Addition	

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 logal 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 altachment with an address.

6.4 CITY-S1-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

May Market Others Page 21 171

DELETE

21 7 199 7/9NJ) 396-6558

☐ Change ☐ Addition

**FILED** 

Apr 10 1997 8:00am

Secretary of State