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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730942

1. Corporation Name

GREENWOOD SCHOOL, INC.

Principal Place of Business	Mailing Address
2137 HENDRICKS AVE JACKSONVILLE FL 32207-3309	2137 HENDRICKS AVE JACKSONVILLE FL 32207-3309

2. Principal Place of Business	2a. Mailing Address
21 3405-G Atlantic Blvd	26 3405-G Atlantic Blvd
Suite, Apt. #, etc. 22 Jacksonville Fl	Suite, Apt. #, etc. 27
City & State 23 32207	City & State 28 Jacksonville Fl
Zip 24 Country 25 USA	Zip 29 32207 Country 30 USA

3. Date Incorporated or Qualified: 10/17/1974

4. FEI Number: 59-1579415 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LEGLER, MITCHELL W
ONE INDEPENDENT DR SUITE 3104
JAX FL 32202

10. Name and Address of New Registered Agent

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS | **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.			13.		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KRONGUIST, KARL		1.2 NAME		
STREET ADDRESS	916 OLD GROVE MANOR		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSCOE, JUDITH M.		2.2 NAME		
STREET ADDRESS	2137 HENDRICKS AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PARRISH, JENNY		3.2 NAME		
STREET ADDRESS	2137 HENDRICKS AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLACKBURN, PEGGY		4.2 NAME		
STREET ADDRESS	10712 SPURS COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEGLER, MITCHELL		5.2 NAME		
STREET ADDRESS	200 LAURA ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FAVORITE, FRED		6.2 NAME		
STREET ADDRESS	8024 PEBBLE CREEK LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] April 1, 1999 904 396-6558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)