


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

**FILED**  
**Mar 11 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 743568 (8)**

1. Corporation Name  
**HAMPDEN DUBOSE ACADEMY, INC.**

Principal Place of Business <b>5400 SADLER AVE.                  P.O. BOX 639                  ZELLWOOD FL 32798</b>	Mailing Address <b>5400 SADLER AVE.                  P.O. BOX 639                  ZELLWOOD FL 32798</b>
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3. Date Incorporated or Qualified <b>07/13/1978</b>	
4. FEI Number <b>59-1031571</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Sulte, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>25</b> Sulte, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country
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9. Name and Address of Current Registered Agent

**TIGHE, GREGORY F  
 18805 PERU ROAD  
 UMATILLA FL 32784**

10. Name and Address of New Registered Agent

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOGUE, WILLIAM</b>	1.2 NAME	<b>MELOON, WALT N.</b>
STREET ADDRESS	<b>3208 ARDSLEY DR</b>	1.3 STREET ADDRESS	<b>CORRECTCRAFT / 6100 S. ORANGE AVE.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	<b>ORLANDO, FL 32809</b>
TITLE	<b>SDTD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUBOSE, GEORGE H</b>	2.2 NAME	<b>WONDERLY, SCOTT</b>
STREET ADDRESS	<b>4001 LAUGHLIN ROAD</b>	2.3 STREET ADDRESS	<b>4712 JAMERSON PLACE</b>
CITY-ST-ZIP	<b>ZELLWOOD FL 32798</b>	2.4 CITY-ST-ZIP	<b>ORLANDO, FL 32807</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>SDTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAPMAN, RONALD L</b>	3.2 NAME	<b>DUBOSE, GEORGE H</b>
STREET ADDRESS	<b>2482 CLARK STREET</b>	3.3 STREET ADDRESS	<b>826 EAST 10TH STREET</b>
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	3.4 CITY-ST-ZIP	<b>APOPKA, FL 32703</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROOKS, S KENNETH</b>	4.2 NAME	
STREET ADDRESS	<b>5888 SADLER AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZELLWOOD FL 32798</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIPPY, THEODORE DR</b>	5.2 NAME	
STREET ADDRESS	<b>22904 COUNTY ROAD 561</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ASTATULA FL 34705</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* 407-880-4321

CR2E037 (10/97)