FILE NOW: FILING FEE IS $61.25

NONPROFIT
1996

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757837 (0)

1. Corporation Name

THE ACADEMY OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
~~211 TRINITY PLACE~~ 1901 So Flagler ~~522 SOUTH OLIVE AVENUE~~ WEST PALM BEACH FL 33401 Palm	~~211 TRINITY PLACE~~ 1901 So. Flagler Dr ~~WEST PALM BEACH FL 33414~~ West Palm Beach, FL 33401 ~~UG~~

3. Date Incorporated or Qualified: 05/05/1981	3a. Date of Last Report: 06/12/1995
4. FEI Number: 59-2106026	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~FARRAH, LENORE K DR~~
~~211 TRINITY PLACE~~
~~WEST PALM BEACH FL 33401~~
Gilbert J. Giuliani, Headmaster
Academy of the Palm Beaches
1901 So. Flagler Dr.
West Palm Beach, FL 33401

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 Gilbert J Giuliani Headmaster
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	~~PD~~ Co-President P	☐ DELETE	11 TITLE ~~P~~ P.T.	Anderson, H. Loy 15 So. Lake Trail Palm Beach, FL 33480	☐ Change ☐ Addition
NAME	ANDERSON, H. LOY		12 NAME		
STREET ADDRESS	15 SOUTH LAKE TRAIL		13 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE VP	Howard Parker 1275 Lands End Rd Co-President Manalapan, FL 33462	☐ Change ☒ Addition
NAME	~~BUTLER, HELENA~~		22 NAME		
STREET ADDRESS	~~160 ATLANTIC AVENUE~~		23 STREET ADDRESS		
CITY-ST-ZIP	~~DELRAY BEACH FL~~		24 CITY-ST-ZIP		
TITLE	T	☐ DELETE	31 TITLE VP	Nikki Marlow Haynes 340 Cortez Rd Secretary/Treas West Palm Beach, FL 33405	☐ Change ☒ Addition
NAME	~~HENRY, LINDA~~		32 NAME		
STREET ADDRESS	~~2000 PALM BCH LKS BL 801~~		33 STREET ADDRESS		
CITY-ST-ZIP	~~WEST PALM BEACH FL~~		34 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	~~KROLL, KATHLEEN~~		42 NAME		
STREET ADDRESS	~~272 CORDOVA ROAD~~		43 STREET ADDRESS		
CITY-ST-ZIP	~~WEST PALM BEACH FL~~		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME	100001881021 -07/02/96--01013--020 ***61.25	
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(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] 3/26/96 407-832-8805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #