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NONPROFIT CORPORATION ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Jul 18 1997 8:00am Secretary of State				
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	n Name M ACADEMY DAY C		• •						
Principal Place	e of Business	Maiti	ing Address				<b>   </b>	U	U   U   U   U   U   U   U   U   U   U
ARLEM ACADE .O. BOX 908 LEWISTON FL	EMY AVE & 5TH STREET	P.O. E	EM ACADEMY AVE & BOX 908 1STON FL 33440-090		reet				
						3. Date Incorporated or Qualifie 10/27/1981	d 3a. Da	te of Last R 03/04/199	lepart 96
2. Principal P	lace of Business	2a. M	failing Address			4. FEI Number 06-0043900		·	oplied For of Applicable
Suite, Apt	#, etc.	S 27	iuite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	9	C 28	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip	Country 25	Z 29	ip	30 Co	untry	<ol> <li>This corporation has liability f Florida Statutes</li> </ol>		tax under s	. 199.032,
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of	of Current Register	red Agent		81 Name	10. Name and Address of New	Registered A	Agent	
	ACADEMY AVE 5TH ST ION FL 33440				83				i
	In the provisions of Sections	617 0602 and 617	1509 Elorido Statu	lon the r	B4 City	moration submits this statement for th	FL	1 1	Code
	to the provisions of Sections egistered agent, or both, in m familiar with, and accept t	617.0502 and 617 the State of Florida. the obligations of, S	.1508, Florida Statu Such change was Section 617.0503, F	ites, the a authorize lorida Sta		poration submits this statement for th alion's board of directors. I hereby ac	FL e purpose of cept the appo	1 1	
	Signature, typed or printed name of re	gistered agent and litle If a	pplicable. (NC		bove-named col d by the corpora tutes.	ulred when reinstating)	e purpose of cept the appo DATE	changing it pintment as	s registered registered
11. Pursuant office or n agent. I a SIGNATURE 12.	Signature, typed or printed name of re OFFIC	gistered agent and title if a CERS AND DIRECT	pplicable. (NC	TE: Registere	bove-named col of by the corpora tutes, id Agent signature requ		e purpose of cept the appo DATE	changing it pintment as	s registered registered
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