

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758936 (9)
1. Corporation Name
SOUTH FLORIDA ASSOCIATION OF PRIVATE SCHOOLS, INC.



Principal Place of Business Mailing Address
C/O ANNE CULOTTA SHELLEY FRESHMAN
4000 SW 19TH ST
FT LAUDERDALE FL 33317

3. Date Incorporated or Qualified 06/26/1981	3a. Date of Last Report 03/24/1995
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

FRESHMAN, SHELLEY
4000 S.W. 19TH ST.
FT. LAUDERDALE FL 33317

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	

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

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	NAME	1.1 TITLE	Change Addition
STREET ADDRESS	NAME	1.2 NAME	
CITY-ST-ZIP	NAME	1.3 STREET ADDRESS	
	NAME	1.4 CITY-ST-ZIP	Change Addition
TITLE	NAME	2.1 TITLE	Change Addition
STREET ADDRESS	NAME	2.2 NAME	
CITY-ST-ZIP	NAME	2.3 STREET ADDRESS	
	NAME	2.4 CITY-ST-ZIP	Change Addition
TITLE	NAME	3.1 TITLE	Change Addition
STREET ADDRESS	NAME	3.2 NAME	
CITY-ST-ZIP	NAME	3.3 STREET ADDRESS	
	NAME	3.4 CITY-ST-ZIP	Change Addition
TITLE	NAME	4.1 TITLE	Change Addition
STREET ADDRESS	NAME	4.2 NAME	
CITY-ST-ZIP	NAME	4.3 STREET ADDRESS	
	NAME	4.4 CITY-ST-ZIP	Change Addition
TITLE	NAME	5.1 TITLE	Change Addition
STREET ADDRESS	NAME	5.2 NAME	
CITY-ST-ZIP	NAME	5.3 STREET ADDRESS	
	NAME	5.4 CITY-ST-ZIP	Change Addition
TITLE	NAME	6.1 TITLE	Change Addition
STREET ADDRESS	NAME	6.2 NAME	
CITY-ST-ZIP	NAME	6.3 STREET ADDRESS	
	NAME	6.4 CITY-ST-ZIP	Change Addition

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)(k), 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:

Sheila Lusthaus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-96

954-583-2500

Date

Daytime Phone #

CR2E037 (12/95)