FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

758936

(9)

Mailing Address

SOUTH FLORIDA ASSOCIATION OF PRIVATE SCHOOLS, IN

C/O SHELLEY FRESHMAN C/O SHELLEY FRESHMAN 3. Date Incorporated or Qualified 4000 SW 19TH ST 4000 SW 19TH ST <u>06/26/1981</u> FT LAUDERDALE FL 33317 FT LAUDERDALE FL 33317 4. FEI Number Applied For NOT APPLICABLE Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required 21 26 \$5.00 May Be Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes **⊠**′Ño 23 28 Zip Country Country 8. This corporation owes or has paid the current year intangible ☐ Yes Personal Property Tax due June 30. 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FRESHMAN, SHELLEY Street Address (P.O. Box Number is Not Acceptable) 4000 S.W. 19TH ST. FT. LAUDERDALE FL 33317 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TITLE TITLE FRESHMAN, SHELLEY 1.2 NAME MAME 4000 S.W. 19TH ST. 1,3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME NIX. MARIE 2.2 NAME STREET ADDRESS 4000 SW 19TH ST 2.3 STREET ADDRESS FT LAUDERDALE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE LUSTHAUS, SHEILA 3.2 NAME NAME STREET ADORESS 4000 SW 19TH ST 3.3 STREET ADORESS FT LAUDERDALE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE 4.1 TITLE Change Addition TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

1-13-98

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. 583-250

FILED

Jan 27 1998 8:00am

Secretary of State