## FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

763290

Country

9. Name and Address of Current Registered Agent

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(4)

INTEGRAL KNOWLEDGE S	TUDY CENTER, INC.	T (BENIN HEDIK DILIPA HILID HEDIK BENIN				
Principal Place of Business	Mailing Address	3. Date Incorporated or Qualified  05/14/1982  4. FEI Number  Applied For				
% RAND HICKS 221 CLEMATIS STREET PENSACOLA FL 32503	% RAND HICKS 221 CLEMATIS STREET PENSACOLA FL 32503					
		59-2230346	Not Applicable			
Principal Place of Business  21	28. Mailing Address 28	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
Suite, Apt #, etc	Suite, Apt. #, etc.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
City & State	City & State		7. Is this nonprofit corporation a homeowners association?			

HICKS, RAND 221 CLEMATIS STREET PENSACOLA FL 32503

Zip

24

	Lifes (A) NO							
ountry	This corporation owes or has paid the current year Intangible     Personat Property Tax due June 30.    Yes  No							
	10. Name and Address of New Registered Agent							
81	Name							
82	Street Address (P.O. Box Number is Not Acceptable)							
83								
84	City 85 Zip Code							

Feb 18 1998 8:00am

Secretary of State

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 account the obligations of Section 617.0503. Florida Statutes.

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ayentia	ин танинас with, ансгассорутие орнуав	ons of, Section 6 (7.0503, Flor	ida Statutes.					
SIGNATURE	Signature, typied or printed name of regulariad agent	sort title if ai plicable (NOTE	Registered Agent signature	required when reinslet	(ino)	DATE		
12.				Registered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PO	☐ DELETE	1 1 TITLE			Chang	Addition	
NAME	HICKS, RAND		1.2 NAME					
STREET ADDRESS	221 CLEMATIS ST		1.3 STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA, FL 00000		L4 CITY-ST-ZIP	1				
TITLE	D	DELETE	21 TIFLE			Change	Addition	
NAME	irene d Penner		2.2 NAME					
STREET ADDRESS	880 GERHARDT DR		2.3 STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA, FL 00000		2. 4 City-St-ZiP					
TITLE	VD	☐ DELETE	3.1 TITLE			Change	Addition	
NAME .	WOLFRAM VERLAAN		3.2 NAME			A		
STREET ADDRESS	1036 BRIXWORTH PLACE		3.3 STREET ADDRESS	10305	BRIXWORTH	PLACE		
CITY-ST-ZIP	ATLANTA GA		3.4. CITY-ST-ZIP					
TITLE	TSD	☐ DELFTE	4.1 TITLE			Change	Addition	
NAME	LIGHTFOOT, SUSAN		4. 2 NAME	]				
STREET ADDRESS	342 VALENCIA STREET		4.3 STREET ADDRESS					
CITY-ST-ZIP	GULF BREEZE FL		4.4 CITY-ST-ZIP					
TITLE	D	DELETE	5.1 TITLE			☐ Change	Addition	
NAME	SKRUTSKIE, DIANE		5.2 NAME					
STREET ADDRESS	1912 E LLOYD ST		5.3 STREET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					

14. Thereby 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 as 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 recoverior tests empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if cytanger or on an alternating an address.

SIGNATURE:

RAND HICKS

2/13/98

850-433-3435

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