FILE NOW: FILING FEE IS $61.25

FILED
Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **768975** **(5)**

1. Corporation Name

SWEETWATER EPISCOPAL ACADEMY, INC.

Principal Place of Business	Mailing Address
% C JOSEPH SITTS 251 E LAKE BRANTLEY DR LONGWOOD FL 32779 US	% C JOSEPH SITTS 251 E LAKE BRANTLEY DR LONGWOOD FL 32779-4808 US

3. Date Incorporated or Qualified: **06/17/1983**
3a. Date of Last Report: **07/02/1996**

2. Principal Place of Business — 21: —; Suite, Apt. #, etc. — 22: —; City & State — 23: —; Zip — 24: —; Country — 25: —

2a. Mailing Address — 26: —; Suite, Apt. #, etc. — 27: —; City & State — 28: —; Zip — 29: —; Country — 30: —

4. FEI Number: **59-2404885** ☐ 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

9. Name and Address of Current Registered Agent

WHITEMAN, JERRY
251 E LAKE BRANTLEY DR
LONGWOOD FL 32779

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: Carol Cycmanick, Head of School — 2/24/97
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	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CYCMANICK, CAROL G		1.2 NAME	
STREET ADDRESS	3430 GOLFVIEW PL		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FERGUSON, DAVID		2.2 NAME	
STREET ADDRESS	260 SPRING RUN CIR		2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CROZIER, ROBERT		3.2 NAME	
STREET ADDRESS	308 FEATHER PL		3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, PETER		4.2 NAME	
STREET ADDRESS	608 FLORIDA BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		4.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GILBERT, CONNIE		5.2 NAME	
STREET ADDRESS	1832 IMPERIAL PALM DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Carol Cycmanick REQUIRED — 2/25/97 — 862-1882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #