## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

**/**E\

1. Corporation Name												
SWEETWATER EPISCOPAL ACADEMY, INC.												
J.,	******	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						- 1	4 A <b>vo</b> rio 4 <b>0 ano 1</b> 00 <b>a</b> n 100an 1	HAN AND BURN BURN		
Principal Place of Business				Mailing Address								
W C LOSEDU C	HTT <b>©</b>		a. c	% C JOSEPH SITTS				-	A D. 1			
% C JOSEPH SITTS   251 E LAKE BRANTLEY DR				251 E LAKE BRANTLEY DR					3. Date Incorporated or Qualified			
LONGWOOD FL	32779			LONGWOOD FL 32779				-	06/17/1983 4. FEI Number	TA	pplied For	
US			US						59-2404885		lot Applicable	
2. Principal P	lace of Busi	ness	28.	2a. Mailing Address					5. Certificate of Status Desired	40 ==	Additional	
21	·········		26						b. Certificate of Status Desired L	_	lequired	
Sulte, Apt.	#, <b>e</b> tc.		<u>⊢</u>	Suite, Apt. #, etc.				1	Election Campaign Financing     To a Comparing	\$5.00		
City & Stat	0			City & State					Trust Fund Contribution			
23	-		28					Ì	7. Is this nonprofit corporation a homeowners association?			
Zip	Country			h		Country			8. This corporation owes or has paid to			
24	25			29 30					Personal Property Tax due June 30.		□ No	
	9. Name	and Address of C	urrent Registe	red Agent		81	Name	10. Name and Address of New Registered Agent				
WHITEMAN, JERRY							Street A	Address	s (P.O. Box Number is Not Acceptable)			
251 E LAKE BRANTLEY DR LONGWOOD FL 32779												
LONGHOUD FL 32118								. <u> </u>				
						<b>B4</b> City				FL 85 Zip	Code	
11. Pursuant	to the provis	ions of Sections 61	7.0502 and 61	7.1508, Florida Statu	ites, the a	above	-named	corpora	ation submits this statement for the purp	ose of changing	its registered	
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 .												
Stonahre. Typest or printed nature of regestered agent and title if applicable (NOTE: Re  12. OF LICERS AND DIRECTORS							nt signature	required w	which reinstaling) [ ADDITIONS/CHANGES TO OFFICER!	S AND DIRECTOR	25 IN 12	
TITLE	VD		TO MINI TAINE OF				13.		ADDITIONO/OFFMACES TO OFFICE IN	Change	Addition	
NAME	***************************************			· <del>-</del>			1.2 NAME					
STREET ADDRESS				140			1.3 STREET ADDRESS 1.4 City - St - Zip					
CITY-ST-ZIP	OTY-ST-ZIP ORLANDO FL											
TITLE	PD			DELETE		21 TITLE		61		Change	Addition	
NAME		SON, DAVID				2.2 NAME		Sì	Mrs, C Joseph			
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •			2			2.3 STREET ADDRESS 3		TTS, C Joseph 11 N waterford Pl	ace		
CITY-ST-ZIP	LONGW	OOD FL		T DELETE		2. 4 CITY-S1-ZIP		مــا	namood, El 3077	9		
TITLE	TD			L) DELETE		3.1 TITLE			3	L Change	Addition	
NAME		R, ROBERT				3.2 NAME 3.3 STREET ADDRESS						
STREET ADDRESS	LONGW	THER PL					- 1					
CITY-ST-ZIP	100	OOD FL		DELFTE	-	CITY - S TITLE	1-2IP			Change	☐ Addition	
NAME	COHEN.	PETER		EL DEN 15	- 6	NAME	i					
STREET ADDRESS		RIDA BLVD					ADDRESS !					
CITY-\$1-ZIP	*************			4.4 CI			- 1					
TITLE	<b>S</b> D	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DELETE		TITLE				☐ Change	Addition	
NAME	<b>GILBER1</b>	, CONNIE			5.21	NAME	[				/	
STREET ADDRESS 1832 IMPERIAL PALM DR			}		5.3 STRFI					`	>:15	
CITY-ST-ZIP	APOPKA	FL			_	CITY · S	r-zip				Ψ(°	
TITLE				DELETE		TITLE			500002554 -06/10/9801049-	Change	Addition	
NAME					1	NAME	ĺ		-06/10/9801049-	026		
STREET ADDRESS					635	STREET .	address		***61.25			

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this armual 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.

CITY-ST-ZIP

SIGNATURE:

407-867-1887

**FILED** 

Jun 05 1998 8:00am

Secretary of State