COF ANNU	PROFIT RPORATION JAL REPORT 1997	Sandra B Secretar	TMENT OF STATE • Mortham y of State • ORPORATIONS	Jan 14 199 Secretar	97 8:00am y of State
-	MENT # H5639 Name L FLORIDA ACADEMY OF	• •			
Principal Place of Business 845 NORTH GARLAND AVE SUITE 100 ORLANDO FL 32801		Mailing Address 845 NORTH GARLAND AVENUE SUITE 100 ORLANDO FL 32801-1095			
JS		US		3. Date Incorporated or Qualified 05/10/1985	3a. Date of Last Report 02/09/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
1 Suite, Apt	#, etc	26 Suite, Apt. #, etc.		59-2541813	Not Applicable
2		27		5. Certificate of Status Desired	Fee Required
City & Stati	e	City & State		<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
4	25 9. Name and Address of Curre		30	Florida Statutes 10. Name and Address of New Re	JYes XNO gistered Agent
ORL			84 City		<b>65</b> Zip Code
11. Pursuant office or r agent 1 a		502 and 607.1508, Florida Statute ite of Florida Such change was a igations of, Section 607.0505, Flo	es, the above-named cor authorized by the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	FL
11. Pursuant office or r agent 1 a SIGNATURE	to the provisions of Sections 607.03 egistered agent, or both, in the Sta m familiar with, and accept the obli- Signalize, typed or printed name of register of a	agementations of, Section 607.0505, Flo agementation applicative (NOTE	es, the above-hamed cor uthorized by the corpora rida Statutes.	uired when reinslating)	UITPOSE of changing its registered
11. Pursuant office or r agent 1 a	to the provisions of Sections 607.03 egistered agent, or both, in the Sta m familiar with, and accept the obli- Signalize, typed or printed name of register of a	igations of, Section 607.0505, Flo	es, the above-hamed cor authorized by the corpora rida Statutes.		DATE
<ol> <li>Pursuant office or r agent 1 a</li> <li>SIGNATURE</li> <li>12.</li> <li>NAME</li> </ol>	to the provisions of Sections 607.08 egistered agent, or both, in the Sta m familiar with, and accept the oblic Signature, type: the printed name of registering OFFICERS A PD HARTLE, BETH	Igations of, Section 607.0505, Flo agen and the it applicable (NOTE ND DIRECTORS	25, the above-hamed con- tuthorized by the corpora- prida Statutes.	uired when reinslating)	DATE
<ol> <li>Pursuant office or r agent 1 a</li> <li>SIGNATURE:</li> <li>12.</li> <li>11LE</li> <li>NAME</li> <li>STREELADDRESS</li> </ol>	to the provisions of Sections 607.03 egistered agent, or both, in the Sta m familiar with, and accept the oblic Signature, forst or plined name of repshired a OFFICERS A PD HARTLE, BETH 6740 PARSON BROWN	Igations of, Section 607.0505, Flo agen and the it applicable (NOTE ND DIRECTORS	25, the above-hamed con- tuthorized by the corpora- prida Statutes. E Registered Agent signature required 13. 1.1 Tril_E 1.2 NAME 1.3 STHEET ADDRESS	uired when reinslating)	DATE
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<ol> <li>Pursuant office or r agent 1 a</li> <li>SIGNATURE:</li> <li>TITLE</li> <li>NAME</li> <li>STREET ADDRESS</li> <li>CITY-SI-ZIP</li> <li>TITLE</li> </ol>	to the provisions of Sections 607.03 egistered agent, or both, in the Sta m familiar with, and accept the obli- Signature, typed or printed name of registered a OFFICERS A PD HARTIE, BETH 6740 PARSON BROWN ORLANDO FL VD HORTON, HERB 6047 SHORE DRIVE	Igations of, Section 607 0605, Fic age 1 and the it applicable (NOTE ND DIRE CTORS	25, the above-hamed con- luthorized by the corpora- rida Statutes. 13, 1.3 Till.E 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE	uired when reinslating)	DATE
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