FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **K06947** **(1)**

1. Corporation Name
MANCHESTER ACADEMY, INC.

Principal Place of Business
925 4TH ST S
ST PETERSBURG FL 33701

Mailing Address
925 4TH ST S
ST PETERSBURG FL 33701

3. Date Incorporated or Qualified: **12/14/1987**
3a. Date of Last Report: **09/25/1995**

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

2a. Mailing Address
26 P.O. Box 58192
Suite, Apt. #, etc.
27
City & State
28 Tierra Verde Fl
Zip 29 33715-8192 Country 30

4. FEI Number: **59-2856595** 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

SAVASTANO, JUDY-MARIE
~~**5690 ROOSEVELT BLVD.**~~ ~~P.O. Box 58192~~
~~**CLEARWATER FL 34620**~~ Tierra Verde Fl 33715-8192

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 312 8th Ave #2
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE _____ (New Registered Agent signature) _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE	PST	☑ Change ☐ Addition
NAME	SAVASTANO, JUDY-MARIE		1.2 NAME	Savastano, Judy Marie	
STREET ADDRESS	5690 ROOSEVELT BLVD.		1.3 STREET ADDRESS	~~P.O. Box 58192~~ 312 8th Ave #2	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	Tierra Verde Fl 33715-8192	
TITLE	D	☐ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	SAVASTANO, JUDY-MARIE		2.2 NAME	Savastano, Judy Marie	
STREET ADDRESS	5690 ROOSEVELT BLVD.		2.3 STREET ADDRESS	~~P.O. Box 58192~~ 312 8th Ave #2	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	Tierra Verde Fl 33715-8192	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	600001826246	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	-05/20/96--01001--038	
TITLE		☐ DELETE	5.1 TITLE	***225.00	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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		

5-1-96 OR

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, was voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #