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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N04056 (0)

1. Corporation Name
NORTHEAST PRIVATE SCHOOL, INC.

Principal Place of Business: **C/O GWEN MACCOOL, 1912 E LAKE ALMA DR, APOPKA FL 32712**

Mailing Address: **C/O GWEN MACCOOL, P.O. BOX 3144, APOPKA FL 32703, US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/09/1984**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2344578**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. State, Apt #, etc: **27**

23. City & State: **28**

24. Country: **29**

30. Country: **30**

9. Name and Address of Current Registered Agent: **MACCOOL, GWEN, 1912 EAST LAKE ALMA DR, APOPKA FL 32712**

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: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PO	HAGERMAN, J	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: 554 N LK PLEASANT	APOPKA FL	1.2 NAME	
STREET ADDRESS: APOPKA FL		1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE: VP	LAWSON, J	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: 1613 1/2 JEANETTE ST	APOPKA FL	2.2 NAME	
STREET ADDRESS: APOPKA FL		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE: STD	MACCOOL, MRS. GWEN	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: 1912 E. LAKE ALMA DR.	APOPKA FL	3.2 NAME	P.O. Box 3144 N/A
STREET ADDRESS: APOPKA FL		3.3 STREET ADDRESS	Apopka, FL 32703
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE: D	SPECK, LARRY	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: 948 LARSON DR	ALTAMONTE SPRINGS FL	4.2 NAME	
STREET ADDRESS: ALTAMONTE SPRINGS FL		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE: D	SPECK, N	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: 948 LARSON DR	ALTAMONTE SPRINGS FL	5.2 NAME	
STREET ADDRESS: ALTAMONTE SPRINGS FL		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE: D	REYNOLDS, G	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: 900 COUNTRY CLUB	SANFORD FL	6.2 NAME	
STREET ADDRESS: SANFORD FL		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 and name have the same legal effect as if made under oath. 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: *Sandra B. Morsham* X 6/17/95 407-886-5361

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR: *Gwendolyn Macool / SECRETARY MEASURER*