## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 28 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1001				4			
DOCUMENT # N05587 (3)								
INDEP	ENDENT COMMUNITY SCI	HOOL, INC.						
11102.								AN THE MALE
Principal Place	a of Business	Mailing Address			-{			
C/O BEATRICE	N							
4705 E. 18TH AVENUE 4705 E. 18TH AVENUE			Ν.					
TAMPA FL 3360	15	TAMPA FL 33605-2402			3. Date Incorporated or Qualified		te of Last Re	
9 Principal D	lace of Business	2a. Mailing Address			10/10/1984 4. FEI Number		05/10/199	
21					59-2458420		<del></del>	plied For t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	
22 2 27 27 City & State City & State					Election Campaign Financing		Fee Re	
23					Trust Fund Contribution		\$5.00 Added to	
Zip			Country		8. This corporation has tiability for			199.032,
24	25 9. Name and Address of Curre	29 ent Registered Agent	[30]		Florida Statutes  10. Name and Address of New Re	Yes [		
			81 Na	me		#		
SPEARM	IAN, BEATRICE W.		<b>82</b> Str	eet Addre	ess (P.O. Box Number is Not Accepta	ble)		<del></del>
2420 E.	83		·	<u> </u>				
TAMPA FL 33610								
			<b>84</b> Ci	ty		FL	85 Zip (	Code
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida Statu	tes, the above-nar	ned corp	oration submits this statement for the on's board of directors. I hereby acce	purpose of	changing its	s registered
agent la	m familiar with, and accept the obli	igations of, Section 617.0503, F	lorida Statutes.	Corporati	on a board of directors, I hereby acce	իւստ բեր	Olitarioni da	(ABiototeri
SIGNATURE _	Signature, typed or printed name of registered a	ident and title if anniscable (NO	TE: Registered Agent sig	nature regular	ad when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	
TIFLE	PTD DELETE		1.1 TITLE				Change	Addition
NAME.	SPEARMAN, BEATRICE W.		1.2 NAME					
STREET ADDRESS CITY-ST-ZIP	2420 E EMMA TAMPA FL		1.3 STREET ADDRESS 1.4 City-St-Zip					i
TITLE	D	DELETE	2.1 TITLE				Change	Addition
NAME	SPEARMAN, LINDA M		2.2 NAME					
STREET ADDRESS	1908 19TH AVENUE		2.3 STREET ADDRESS					
CITY-S1-ZIP TITLE			2. 4 CITY-ST-ZIF 3.1 TITLE	<del>`</del>			Change	Addition
NAME	SPEARMAN RICHARD E.	C PERCE	3.1 TITLE 3.2 NAME					FT Addition
STREET ADDRESS	1908 19TH AVE.			iess (				
CITY-ST-ZIP	TAMPA FL 3.4		3.4. CITY - ST - ZIF	·				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME PARCE ADDRESS OF			4. 2 NAME					
STREET ADDRESS   City-St-Zip			4.3 STREET ADDR	i				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME	]				
STREET ADDRESS			5.3 STREET ADOF	1				
CITY-ST-ZiP		DELETE	5.4 CITY-ST-ZIP	<u></u>			Change	Addition
NAME		□ vccci€	6.1 TITLE 6.2 NAME	}			FI CHARGE	[] YOULION
STREET ADDRESS			6.3 STREET ADDR	ess				
CITY-ST-ZIP			6.4 CITY-ST-ZIP	1				

14. I do hereby 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 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR