

FILE NOW: FILING FEE IS \$61.25

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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14309 (1)

1. Corporation Name
THE MASTER'S ACADEMY OF CENTRAL FLORIDA, INC.



Principal Place of Business 1250 N. MAITLAND AVE. MAITLAND FL 32751 US	Mailing Address 1250 N. MAITLAND AVE. MAITLAND FL 32751-4305 US
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified 04/10/1986	3a. Date of Last Report 04/17/1996
4. FEI Number 59-2663620	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PATRICK W. MENNENGA
3330 COLEUS COURT
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

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 *Patrick W. Mennenga* DATE **4-4-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BATTS, MIKE	
STREET ADDRESS	2520 MODAC TRAIL	
CITY-ST-ZIP	MAITLAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PENNINGTON, WES	
STREET ADDRESS	442 RAYMOND AVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WITTMAYER, BOB	
STREET ADDRESS	6301 WYNGLOW LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DD	<input checked="" type="checkbox"/> DELETE
NAME	COX, FRANK	
STREET ADDRESS	808 W. HARVARD ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MENNENGA, PATRICK W.	
STREET ADDRESS	3330 COLEUS COURT	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D KUGLER, JAMES
2.3 STREET ADDRESS	364 SILVERWOOD DRIVE
2.4 CITY-ST-ZIP	LAKE MARY, FL 32746
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D LEE, RICK
3.3 STREET ADDRESS	6007 LAKE CHARM CIRCLE
3.4 CITY-ST-ZIP	OVIEDO, FL 32765
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD SAPP, ELLEN
4.3 STREET ADDRESS	4904 PETRA COURT
4.4 CITY-ST-ZIP	WINTER SPRINGS, FL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VD SIMMONS, CLEATUS
5.3 STREET ADDRESS	116 WORTHINGTON COURT
5.4 CITY-ST-ZIP	WINTER PARK, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 *Patrick W. Mennenga* DATE **4-4-97**

CR2E037 (9/96)