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NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N26522 (5)

1. Corporation Name

JANIE HOWARD WILSON ELEMENTARY SCHOOL-TEACHER OR
GANIZATION, INC.



Principal Place of Business

Mailing Address

% JEROME MACK
421 PEARL STREET
LAKE WALES FL 33853

% JEROME MACK
421 PEARL STREET
LAKE WALES FL 33853

3. Date Incorporated or Qualified
05/20/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 306 Florida Ave.

26 306 Florida Ave

4. FEI Number

65-0071904

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

10. Name and Address of New Registered Agent

MACK, JEROME
421 PEARL STREET
LAKE WALES FL 33853

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BABBITT, MARSHALL
STREET ADDRESS 700 MASTERPIECE RD
CITY-ST-ZIP LAKE WALES FL

1.1 TITLE PD
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME CARNLEY, CAROL
STREET ADDRESS 2400 MOUNTAIN LAKE CUTOFF RD
CITY-ST-ZIP LAKE WALES FL

2.1 TITLE VD
2.2 NAME Julie Allen
2.3 STREET ADDRESS 4082 Pinto Way
2.4 CITY-ST-ZIP Lake Wales, FL 33853

TITLE S
NAME PARTINGTON, DONNA
STREET ADDRESS 622 LAKE DEXTER CIR
CITY-ST-ZIP WINTER HAVEN FL

3.1 TITLE SD
3.2 NAME Pam Cox
3.3 STREET ADDRESS 301 C.F. Kinney Rd.
3.4 CITY-ST-ZIP Lake Wales, FL 33853

TITLE TD
NAME WEIS, CHARLOTTE
STREET ADDRESS 3448 HURLBUT CIR
CITY-ST-ZIP LAKE WALES FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 119.07(3)(k), 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:

Charlotte Weis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 15, 1996

Date

941-6784211

Daytime Phone #

CR2E037 (12/95)