

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N26716 (3)

1. Corporation Name

L.A. AINGER JUNIOR HIGH SCHOOL FOUNDATION, INC.



Principal Place of Business

18401 MURDOCK CIRCLE
1861 PALCIDA ROAD, SUITE 104
PT CHARLOTTE FL 33948
US

Mailing Address

18401 MURDOCK CIRCLE
1861 PALCIDA ROAD, SUITE 104
PT CHARLOTTE FL 33948
US

3. Date Incorporated or Qualified
06/01/1988

3a. Date of Last Report
05/30/1995

2. Principal Place of Business

2a. Mailing Address

21 18401 Murdock Circle

26 18401 Murdock Circle

4. FEI Number
65-0108396

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

City & State

City & State

23 Port Charlotte FL

28 Port Charlotte FL

Zip

Country

Zip

Country

24 33948

25

29 33948

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKINLEY, MICHAEL R.
18401 MURDOCK CIRCLE
PT CHARLOTTE FL 33948

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 reinstating)

DATE

5/8/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
SCHMIDT, MAX L
1445 PIATTI DR
PT CHARLOTTE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
STRICKLAND, WILLIAM
2201 PLACIDA ROAD
ENGLEWOOD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
SULLIVAN, CHARLES E.
245 CONCORD ROAD
ROTANDA WEST FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
HORTON, MAC
1445 PIATTI DRIVE
PT CHARLOTTE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1445 Education Way

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

1017 Bay Harbor Drive
Englewood Florida

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

Max L Schmidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/96
Date

(941) 255-0808
Daytime Phone #

CR2E037 (12/95)