1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N26716

1. Corporation Name

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

Principal Place of Business	j
18401 MURDOCK CIRCLE PT CHARLOTTE FL 33948	

Mailing Address

FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90247 039 ****61.25



PT CHARLOTT									
US	E 1 E 33340	US							
•									
						Date Incorporated or Qualifed	•		
\neg	lace of Business					06/01/1988			
21		26	4 44 ota			4. FEI Number		Anr	olied For
	uite, Apt. #, etc.					65-0108396			Applicable
22		27				03-0106390		\$8.75 A	
City & Stat	e	28 City & St	City & State			5. Certifcate of Status Desired		Fee Rec	
Zip	Country	Zip		Country		6. Election Campaign Financing		\$5.00	May Be
24	25	29	30	}		Trust Fund Contribution		Added to	Fees
	9. Name and Address of Curr	ent Registered Age	nt			10. Name and Address of New F	Registered A	gent	
				81	Name				
MODERN EX	/ ARCHAEL D			00	D4	Janes (D.O. Day Niverbox in Not Assents	thio)		
	Y. MICHAEL R.			82	Street Add	dress (P.O. Box Number is Not Accepta	sole)		
	IRDOCK CIRCLE			83		-			
PT CHARL	LOTTE FL 33948								
				84	City		FL	85 Zip C	1
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, F	lorida Statutes,	the above	-named cor	poration submits this statement for the	purpose of o	hanging its	registered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such c	hange was auth	onzed by	the corporat	tion's board of directors. I hereby accep	ot the appoin	tment as reg	listered
agent. i a	m laminar with, and accept the oblig	gallons of, Section o	11.0000, 1 101100	- Claratoo					j
SIGNATURE	Signature, typed or printed name of registered a	ment and title if applicable	(NOTE: Re	nistered Agen	t signature regui	red when reinstating)	DATE		
12.	• '' '	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
TITLE	D		DELETE	1.1 TITLE				Change	Addition
NAME	SCHMIDT, MAX L			1.2 NAME					-
	I .			1.3 STREET	ADDDESC				
STREET ADDRESS	1445 EDUCATION WAY				<u> </u>	33948			}
CITY-ST-ZIP	PT CHARLOTTE FL] DELETE	1.4 CITY-ST 2.1 TITLE	1-219			[☐+Change	Addition
TITLE	D	L	") DECE IE						
NAME	STRICKLAND, WILLIAM			2.2 NAME					j
STREET ADDRESS				2.3 STREET	ADDRESS	-3/5-1/		· 	
CITY-ST-ZIP	ENGLEWOOD FL			2. 4 CITY-S	T-ZIP	34224			CT 4 1 122
TITLE	D	ί] DELETE	31 TITLE	Ì			☐ Change	Addition
NAME	SULLIVAN, CHARLES E.			32 NAME					į
STREET ADDRESS	245 CONCORD ROAD			3.3 STREET	ADDRESS	245 Cougar way	22	A A	!
CITY-ST-ZIP	ROTANDA WEST FL			3,4. CITY-S	T-ZIP	245 Cougar Way Rotonda West, Fi	<u> </u>	99 <u>7 </u>	
TITLE	D	[DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME	DIGNAM, DAVID			4.2 NAME					ļ
STREET ADDRESS				4.3 STREET	ADDRESS				
	1			4.4 CITY-S					
TITLE	ENGLEWOOD FL 34223] DELETE	5.1 TITLE	, - a.if			Change	Addition
				5.2 NAME					_
NAME				5.3 STREET	AUDOEss				
STREET ADDRESS	1				1				1
OTTO OT THE	1			5.4 CITY-S	1-212				
CITY-ST-ZIP			= DELETE	C 1 TITLE				Change	D Addition !
TITLE		[DELETE	6.1 TITLE				☐ Change	☐ Addition
	, , , , , , , , , , , , , , , , , , , ,	[DELETE	6.1 TITLE 6.2 NAME 6.3 STREET				☐ Change	☐ Addition

14. I 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, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

1-14-99 941-255.0808
Davime Phone #