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Feb 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N34665

(2)

1. Corporation Name

WILFORD WOODRUFF ACADEMY, INC.

Principal Place of Business

Mailing Address

% JUNE L W SULLIVAN
1878 MATTERHORN DR
ORLANDO FL 32818

% JUNE L W SULLIVAN
1878 MATTERHORN DR
ORLANDO FL 32818-5858



3. Date Incorporated or Qualified
10/13/1989

3a. Date of Last Report
02/11/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SULLIVAN, G. MICHAEL
1878 MATTERHORN DR
ORLANDO FL 32818

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DIRECTOR ☐ DELETE
NAME SULLIVAN, JUNE L W
STREET ADDRESS 1878 MATTERHORN DR
CITY-ST-ZIP ORLANDO FL 32818

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ST DIRECTOR ☐ DELETE
NAME SULLIVAN, G MICHAEL
STREET ADDRESS 1878 MATTERHORN DR
CITY-ST-ZIP ORLANDO FL 32818

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME GAIL MUNCK
2.3 STREET ADDRESS 106 MARGO LANE DIRECTOR
2.4 CITY-ST-ZIP LONGWOOD, FL. 32750

TITLE D ☒ DELETE
NAME BELLOWS, JIM
STREET ADDRESS 2463 WILKINGWOOD RD
CITY-ST-ZIP MATLAND FL 32751

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME MICHAEL HANSELMAN
3.3 STREET ADDRESS 3800 WIMBLEDON DIRECTOR
3.4 CITY-ST-ZIP LAKE MARY, FL. 32746

TITLE D ☒ DELETE
NAME MIRZA, JAN
STREET ADDRESS 2250 PEAH LEAF CT.
CITY-ST-ZIP LONGWOOD FL 32779

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME ELIZABETH LEWIS DIRECTOR
4.3 STREET ADDRESS 8676 A.D. MIMS RD.
4.4 CITY-ST-ZIP ORLANDO, FL. 32818

TITLE BX DIRECTOR ☐ DELETE
NAME WALTERS, RALPH
STREET ADDRESS 416 EAST ALPINE STREET
CITY-ST-ZIP ATAMONTE SPRGS. FL 32701

5.1 TITLE ☒ Change ☒ Addition
5.2 NAME WILLIAM (BILL) EVANS
5.3 STREET ADDRESS 4156 WESTGATE ROAD
5.4 CITY-ST-ZIP ORLANDO, FLORIDA DIRECTOR

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *[Signature]*

11/10/97 298-8633
(407)

CR2E037 (9/96)