SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

# NONPROFIT CORPORATION ANNUAL REPORT 1998

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

# FILED
# Oct 08 1998 8:00am
# Secretary of State

DOCUMENT # N34665 (2)

1. Corporation Name:

WILFORD WOODRUFF ACADEMY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % JUNE L W SULLIVAN<br>1878 MATTERHORN DR<br>ORLANDO FL 32818 | % JUNE L W SULLIVAN<br>1878 MATTERHORN DR<br>ORLANDO FL 32818 |

3. Date Incorporated or Qualified: 10/13/1989

4. FEI Number: NOT APPLICABLE [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? [ ] Yes [ ] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 717 E. ALTAMONTE DR SUITE A-B | 26 717 E. ALTAMONTE DR. |
| Suite, Apt. #, etc. 22 SUITE A & B | Suite, Apt. #, etc. 27 SUITE A & B |
| City & State 23 ALTAMONTE SPG., FL | City & State 28 ALTAMONTE SPG., FL |
| Zip 24 32701 Country 25 U.S.A. | Zip 29 32701 Country 30 U.S.A. |

9. Name and Address of Current Registered Agent

SULLIVAN, G. MICHAEL
1878 MATTERHORN DR
ORLANDO FL 32818

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 (Signature, type or print 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 | | |
|---|---|---|---|---|---|
| TITLE | PD | [ ] DELETE | 11 TITLE | D | [ ] Change [X] Addition |
| NAME | SULLIVAN, JUNE L W | | 12 NAME | WILLIAM (BILL) EVANS | |
| STREET ADDRESS | 1878 MATTERHORN DR | | 13 STREET ADDRESS | 4156 WESTGATE ROAD | |
| CITY-ST-ZIP | ORLANDO FL | | 14 CITY-ST-ZIP | ORLANDO, FL 32808 | |
| TITLE | STD | [ ] DELETE | 21 TITLE | D | [ ] Change [X] Addition |
| NAME | SULLIVAN, G MICHAEL | | 22 NAME | KENNETH PITTS | |
| STREET ADDRESS | 1878 MATTERHORN DR | | 23 STREET ADDRESS | 9014 GROVEMONT ESTATES ROAD | |
| CITY-ST-ZIP | ORLANDO FL | | 24 CITY-ST-ZIP | GROVELAND, FL 34736 | |
| TITLE | D | [ ] DELETE | 31 TITLE | | [ ] Change [ ] Addition |
| NAME | MUNCK, GAIL | | 32 NAME | | |
| STREET ADDRESS | 106 MARGO LANE | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | LONGWOOD FL | | 34 CITY-ST-ZIP | | |
| TITLE | D | [X] DELETE | 41 TITLE | | [ ] Change [ ] Addition |
| NAME | HANSELMAN, MICHAEL | | 42 NAME | | |
| STREET ADDRESS | 3800 WIMBLEDON | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE MARY FL | | 44 CITY-ST-ZIP | | |
| TITLE | D | [ ] DELETE | 51 TITLE | | [ ] Change [ ] Addition |
| NAME | WALTERS, RALPH | | 52 NAME | | |
| STREET ADDRESS | 416 EAST ALPINE STREET | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | ATAMONTE SPRGS. FL | | 54 CITY-ST-ZIP | | |
| TITLE | D | [ ] DELETE | 61 TITLE | | [ ] Change [ ] Addition |
| NAME | LEWIS, ELIZABETH | | 62 NAME | | |
| STREET ADDRESS | 8676 A D MIMS RD | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL | | 64 CITY-ST-ZIP | | |

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.

SIGNATURE: G. Michael Sullivan 9-19-98 (407) 298-8633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/98)