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FILED
May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N36488 (7)

1. Corporation Name

~~A TO BE SCHOOL, INC.~~ NEW NAME
CLEARWATER ACADEMY INT'L. INC. 12-1-97

Principal Place of Business	Mailing Address
814 FRANKLIN ST CLEARWATER FL 34616 US	814 FRANKLIN ST CLEARWATER FL 34616 US

3. Date Incorporated or Qualified: 01/29/1990

4. FEI Number: 59-2987746 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 SAME AS ABOVE	26 SAME AS ABOVE
Suite, Apt. #, etc. 22 NA	Suite, Apt. #, etc. 27 NA
City & State 23	City & State 28
Zip 24 33756 Country 25	Zip 29 33756 Country 30

5. Certificate of Status Desired ☐ **$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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHIPMAN, PAM ~~1573 21ST ST SW~~ 809 LAKE FOREST RD. ~~LARGO FL 33770~~ CLEARWATER. FL 33765	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 Pamela Chipman Pamela Chipman 4/28/98
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	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	CHIPMAN, PAM		1.2 NAME		
STREET ADDRESS	1573 21ST ST SW		1.3 STREET ADDRESS	809 LAKE FOREST RD.	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	VPD	☑ DELETE	2.1 TITLE	SD	☐ Change ☑ Addition
NAME	FLOAT, MARY		2.2 NAME	SUZANNE JOHNSON	
STREET ADDRESS	800 DEMPSEY ST		2.3 STREET ADDRESS	1461 NORTH RIDGE LANE CIRCLE	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	SD	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, DOREEN		3.2 NAME		
STREET ADDRESS	3731 CHELTENHAM DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CRAUGHAN, BRENDA		4.2 NAME		
STREET ADDRESS	1458 S JEFFERSON AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	500002538225	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	-05/28/98--01016--002	
TITLE		☐ DELETE	6.1 TITLE	***61.25	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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CR2E037 (10/97)

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: Pamela Chipman President Pamela Chipman 4.27.98 (813) 446-1733