FILE NOW: FILING FEE IS $61.25

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Feb 12 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 # N43140 (5)

1. Corporation Name

DADE ASSOCIATION OF ACADEMIC NON-PUBLIC SCHOOLS, INC.

Principal Place of Business	Mailing Address
10134 SW 78 CT MIAMI FL 33176 US	10134 SW 78CT MIAMI FL 33156-2625 US

3. Date Incorporated or Qualified: 04/25/1991
3a. Date of Last Report: 06/26/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 65-0289605 ☐ 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

9. Name and Address of Current Registered Agent

WILLIAMS, JAMES A
10134 SW 78 CT
MIAMI FL 33137

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BLOOM, RAYMOND		1.2 NAME		
STREET ADDRESS	1181 NE 176TH TERR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARNER, ZELDA		2.2 NAME		
STREET ADDRESS	8801 SW 114 TERR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CASANOVA, ALICIA A.		3.2 NAME		
STREET ADDRESS	8721 SW 93RD CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, JAMES		4.2 NAME		
STREET ADDRESS	6575 N KENDALL DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	KRUKTULLS, JOSEPH J		5.2 NAME	KRIS MATTESON CHARLTON	
STREET ADDRESS	6845 SW 129 TERRACE		5.3 STREET ADDRESS	1142 Coral Way	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LUTTON, JOAN		6.2 NAME		
STREET ADDRESS	592 NE 60 ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: James A. Williams, Exec. Director James A. Williams 2/3/97 305-274-6491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027748