

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N43782 (4)**  
1. Corporation Name  
**FLORIDA COUNCIL OF INDEPENDENT SCHOOLS, INC.**



Principal Place of Business: **INTERSTATE BLDG, 1211 N WESTSHORE BLVD., SUITE 612 TAMPA FL 33607**  
Mailing Address: **INTERSTATE BLDG, 1211 N WESTSHORE BLVD., SUITE 612 TAMPA FL 33607**

3. Date incorporated or Qualified: **06/10/1991**  
3a. Date of Last Report: **04/11/1995**  
4. FEI Number: **59-0816894**  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **BLISS, C. SKARDON, 1211 N WESTSHORE BLVD., SUITE 612, TAMPA FL 33607**  
10. Name and Address of New Registered Agent (81-85) fields.

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b>	<b>GRADY, SUSANNA</b>	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>802 S DELAWARE AVE.</b>	1.2 NAME:	
STREET ADDRESS:	<b>TAMPA FL</b>	1.3 STREET ADDRESS:	
CITY - ST - ZIP:		1.4 CITY - ST - ZIP:	
TITLE: <b>D</b>	<b>JABLON, WILLIAM W.</b>	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>1111 SANDHURST</b>	2.2 NAME:	
STREET ADDRESS:	<b>TALLAHASSEE FL</b>	2.3 STREET ADDRESS:	
CITY - ST - ZIP:		2.4 CITY - ST - ZIP:	
TITLE: <b>D</b>	<b>LUTTON, JOAN, ED.D.</b>	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	<b>167 NW 109TH ST.</b>	3.2 NAME:	
STREET ADDRESS:	<b>MIAMI FL</b>	3.3 STREET ADDRESS:	
CITY - ST - ZIP:		3.4 CITY - ST - ZIP:	
TITLE:		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY - ST - ZIP:		4.4 CITY - ST - ZIP:	
TITLE:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY - ST - ZIP:		5.4 CITY - ST - ZIP:	
TITLE:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY - ST - ZIP:		6.4 CITY - ST - ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *C. S. Bliss* **C. S. Bliss** 1/30/96 813-287-2820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)