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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham'

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #**1. Corporation Name

(1)N44250

WALDEN COMMUNITY SCHOOL, INC.

Apr 07 1997 8:00am
Secretary of State

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City & State City & State City	Suite, Apt.	#, etc.	J			SR 75 Additional
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Solution Street Address of Current Registered Agent Street Address of New Registered Agent Street Address of New Registered Agent Street Address (P.C. Box Number is Not Acceptable)		Country		Count	iry	8. This corporation has liability for intangible tax under s. 199.032,
HENSHAW, HARY V 831 NE 182ND ST UNIT 54 N MIAMI BEACH FL 33162 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 regist agent. I am familiar with and account the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature: Typical printed agent and titled applicable: (NOTE: Registered Agent signature required when rentitating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN/ DELETE 11 III.E PD OUSSENBERRY, MARIAN 11650 WEST BISCAYNE CANAL RD MIAMI FL III.E VPD UDELETE 11 III.E VPD UDELETE 12 NAME 13 STREET ADDRESS 13 STREET ADDRESS 14 City (NOTE: Registered Agent signature required when rentitating) DATE PRESIDENT PRESIDENT PRESIDENT PRESIDENT PRESIDENT PRESIDENT PRESIDENT PRESIDENT WIAMI, FLORIDA 33199 Change VIA MIAMI, FLORIDA 33199 Change VIA STREET ADDRESS CITY: ST-2P N. MIAMI, FLORIDA 33133 ITILE TD ALKON, ELLYN STREET ADDRESS CITY: ST-2P MIAMI, FLORIDA 33265 N. A STREET ADDRESS CITY: ST-2P MIAMI, FLORIDA 33265 N. A STREET ADDRESS CITY: ST-2P MIAMI, FLORIDA 33265 N. A STREET ADDRESS CITY: ST-2P MIAMI, FLORIDA 33265 N. A	24			30		
HENSHAW, HARY V 831 NE 182ND ST UNIT 54 N MIAMI BEACH FL 33162 10 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 regist agent. I am familiar with, and accolate the obligations of Sections 617.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accolate the obligations of Section 617.0503, Florida Statutes SIGNATURE Signature typical or principles agent and title of applicable. (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MR. TED BAKER SIRRET ADDRESS SIGNATURE OUISENBERRY, MARIAN 11650 WEST BISCAYNE CANAL RD MIAMI FL OUISENBERRY, MARIAN 11650 WEST BISCAYNE CANAL RD DELETE IT IT IT IN		9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent
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. UNIT 54 . N MIAMI BEACH FL 33162 84 City FL 85 Zip Code (11) Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its regist agent. I am familiar with, and accept the spiglations of, Section 617.0503, Fiorida Statutes. SIGNATURE Signature:	-	•		8	2 Street	Address (P.O. Box Number is Not Acceptable)
The previous of Sections 617.0502 and 617.1508, Florida Statutes. The purpose of changing its 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 regist agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS IIILE PD OUISENBERRY, MARIAN 11650 WEST BISCAYNE CANAL RD IIILE VPD IIILE IIILE VPD IIILE VPD IIILE IIILE VPD IIILE VPD IIILE IIILE VPD IIILE IIILE VPD IIILE IIILE IIILE VPD IIILE III				8	3	
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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:

DI BOSHIEL REQUIRED