

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 # **N45925** (7)

1. Corporation Name

SINGLE MOTHERS IN A LEARNING ENVIRONMENT, INC.



Principal Place of Business

Mailing Address

**52 EAST MAIN STREET
APOPKA FL 32703-5256**

**52 EAST MAIN STREET
APOPKA FL 32703-5256**

3. Date Incorporated or Qualified
11/07/1991

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **54 East Main St.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Apopka, FL**

28

Zip

Country

Zip

Country

24 **32703**

25

USA

29

30

4. FEI Number

59-3118405

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

10. Name and Address of New Registered Agent

**SIMS, DEBORAH
54 EAST MAIN STREET
APOPKA FL 32703**

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, 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

NAME **CATHY MOORE**
STREET ADDRESS **22 E ALBATROSS STREET**
CITY-ST-ZIP **APOPKA FL**

TITLE **VD** ☐ DELETE

NAME **LOGAN, VANADA**
STREET ADDRESS **445 PLYMOUTH ROCK PL**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **SD** ☐ DELETE

NAME **FRANCOIS, MARIE**
STREET ADDRESS **2503 EAST BROOK BLVD.**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **TD** ☒ DELETE

NAME **FRANCOIS, MARIE**
STREET ADDRESS **2503 EASTBROOK BLVD.**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **TD** ☐ DELETE

NAME **SARA HAMMOCK**
STREET ADDRESS **351 FUDGE STREET**
CITY-ST-ZIP **PLYMOUTH FL**

TITLE **SD** ☐ DELETE

NAME **HAMMOCK, FELECIA**
STREET ADDRESS **1632 CIMMARON HILLS**
CITY-ST-ZIP **APOPKA FL 32703**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Sydney Morton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96
Date

889-2946
Daytime Phone #

CR2E037 (12/95)