

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: 52 EAST MAIN STREET APOPKA FL 32703-5256
Mailing Address: 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: 21 54 East Main St. 22 Suite, Apt. #, etc. 23 Apopka, FL 24 32703 25 USA
2a. Mailing Address: 26 27 28 29 30

4. FEI Number: 59-3118405
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: SIMS, DEBORAH 54 EAST MAIN STREET APOPKA FL 32703

10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHY MOORE	1.2 NAME	
STREET ADDRESS	22 E ALBATROSS STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, VANADA	2.2 NAME	
STREET ADDRESS	445 PLYMOUTH ROCK PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCOIS, MARIE	3.2 NAME	
STREET ADDRESS	2503 EAST BROOK BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCOIS, MARIE	4.2 NAME	
STREET ADDRESS	2503 EASTBROOK BLVD.	4.3 STREET ADDRESS	DT Morton, Sydney 1875 S. Kirkman Road #522
CITY-ST-ZIP	WINTER PARK FL 32792	4.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARA HAMMOCK	5.2 NAME	
STREET ADDRESS	351 FUDGE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOCK, FELECIA	6.2 NAME	
STREET ADDRESS	1632 CIMMARON HILLS	6.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	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: *Sydney Morton* 2-21-96 407-889-2946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)