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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT #

N45925

(7)

Principal Place of Business	Mailing Address		
54 E MAIN ST APOPKA FL 32703-5256 US	52 EAST MAIN STREET APOPKA FL 32703-5256		
2. Principal Place of Business	2a. Mailing Address		

FILED Feb 13 1997 8:00am Secretary of State

SINGLE MOTHERS IN A LEARNING ENVIRONMENT, INC. Principal Place of Business Mailing Address 54 E MAIN ST 52 EAST MAIN STREET ADORKA EL 22703-5266									
APOPKA FL 32 US	2703-5256	APOPKA FL 32703-5256							
US					3. Date Incom	orated or Qualified /1991	3a. Dat	e of Last R)2/26/19	eport
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number				
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Suite, Apt.	. #, etc.	Suite, Apt. #, etc.						\$8.75	
22		27			5. Certificate c	f Status Desired			equired
City & Sta	te	City & State			6. Election Car	mpaign Financing		\$5.00	May Be
23		28	1		Trust Fund (Added	
Zip	Country	Zip	Count	ry	· · · · · · · · · · · · · · · · · · ·	ation has liability fo	r intangible t	-	. 199.032,
24	25 9. Name and Address of Curre	29 Ant Registered Agent	30]		Florida State	леs Address of New R			
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SIMS D	DEBORAH		-	<u> </u>	Address (D.O. Doubles	Las is black A	-61-3		
	T MAIN STREET		В	Z STOOL F	Address (P.O. Box Nun	iber is not accepta	able)		
APOPK			8	3					
			8	4 City				es Zio	Code
			l°	City			FL	85 Zip	Coue
office or agent. I a	to the provisions of Sections 617.05 registered agent, or both, in the Stat am familiar with, and accept the obli	ide of Florida. Such change was gations of, Section 617.0503, I	ites, the abo authorized l Torida Statut	ve-named oby the corp es.	corporation submits the poration's board of direct	s statement for the ctors. I hereby acco	ept the appo	ointment as	registered
SIGNATURE	Signature typed or printed name of registered a	gent and little if applicable (No	OTE: Registered A		required when reinstating)		DATE		
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I do nereby certify that the information supplied with this tiling does not quality 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 12 if changed, or on an attachment with an address.

SIGNATURE: