

2-13-91 B- 1874-C
FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 54 E MAIN ST APOPKA FL 32703-5256 US	Mailing Address 52 EAST MAIN STREET APOPKA FL 32703-5256
--	--

3. Date Incorporated or Qualified 11/07/1991	3a. Date of Last Report 02/26/1996
--	--

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

4. FEI Number 59-3118405	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SIMS, DEBORAH 54 EAST MAIN STREET APOPKA FL	
---	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	CATHY MOORE
STREET ADDRESS	22 E ALBATROSS STREET
CITY-ST-ZIP	APOPKA FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	LOGAN, VANADA
STREET ADDRESS	445 PLYMOUTH ROCK PL.
CITY-ST-ZIP	APOPKA FL 32703
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	FRANCOIS, MARIE
STREET ADDRESS	2503 EAST BROOK BLVD.
CITY-ST-ZIP	WINTER PARK FL
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	MORTON, SYDNEY
STREET ADDRESS	1875 S KIRKMAN ROAD, #822
CITY-ST-ZIP	ORLANDO FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	SARA HAMMOCK
STREET ADDRESS	351 FUDGE STREET
CITY-ST-ZIP	PLYMOUTH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	HAMMOCK, FELECIA
STREET ADDRESS	1832 CIMMARON HILLS
CITY-ST-ZIP	APOPKA FL 32703

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Director DS
3.3 STREET ADDRESS	Brenda Towns
3.4 CITY-ST-ZIP	5595 Collins Rd.
	APOPKA, FL 32712
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mary Fryer DT
4.3 STREET ADDRESS	22 Edgewood Dr.
4.4 CITY-ST-ZIP	APOPKA, FL 32703
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Deborah Sims
5.3 STREET ADDRESS	6510 Nut Hatch Lane
5.4 CITY-ST-ZIP	ORLANDO, FL 32810
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify 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 13 if changed, or on an attachment with an address.

SIGNATURE: *Deborah Sims* **Deborah Sims** 1/22/97 (408) 889-2916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012692

CR2E037 (9/96)