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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N46032

1. Corporation Name

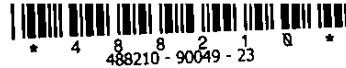
HI-TECH TUTORING CENTER, INC.

Principal Place of Business

**4554 S. ORANGE BLOSSOM TRAIL
 ORLANDO FL 32839**

Mailing Address

**1001 S. DOLLINS AVE.
 ORLANDO FL 32805
 US**



2. Principal Place of Business

21 4554 S. Orange BL. Tr.
 Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 555661
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

11/15/1991

4. FEI Number

59-3092747

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

City & State

23

City & State

28 Orlando, FL

Zip

Country

Zip

Country

29 32855-5661

30 Orange

9. Name and Address of Current Registered Agent

**MOSLEY, ERNESTINE D
 1001 S. DOLLINS AVENUE
 ORLANDO FL 32805**

10. Name and Address of New Registered Agent

81 Name Ernestine D. Mosley
82 Street Address (P.O. Box Number is Not Acceptable) 4554 S. Orange BL. Tr. #72
83
84 City Orlando, FL
85 Zip Code 32839

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 Ernestine D. Mosley - Executive Director

4/28/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	☐ DELETE
NAME	ALI, MALIK	
STREET ADDRESS	POST OFFICE BOX 10000 N/A	
CITY-ST-ZIP	ORLANDO FL 32830-1000	
TITLE	VCD	☐ DELETE
NAME	ANTON, BRUCE	
STREET ADDRESS	POST OFFICE BOX 1031 N/A	
CITY-ST-ZIP	ORLANDO FL 32802	
TITLE	S	☐ DELETE
NAME	KEMPER, JOHN	
STREET ADDRESS	1746 ALVARADO COURT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	T	☐ DELETE
NAME	RELVINI, PATRICIA K CPA	
STREET ADDRESS	200 S. ORANGE AVE, 20TH FLOOR	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	☐ DELETE
NAME	MOSLEY, ERNESTINE	
STREET ADDRESS	1001 S. DOLLINS AVENUE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCD	☒ Change ☐ Addition
1.2 NAME	John D. Ellis, Jr.	
1.3 STREET ADDRESS	105 E. Robinson St., Ste. 500	
1.4 CITY-ST-ZIP	Orlando, FL 32801	
2.1 TITLE	VCD	☒ Change ☐ Addition
2.2 NAME	Lisa Early	
2.3 STREET ADDRESS	1717 S. Orange Ave., Ste. 200	
2.4 CITY-ST-ZIP	Orlando, FL 32806	
3.1 TITLE	S/T	☒ Change ☐ Addition
3.2 NAME	Alice E. Leach, CTC	
3.3 STREET ADDRESS	2421 Lake Sunset Dr.	
3.4 CITY-ST-ZIP	Orlando, FL 32805	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Ernestine D. Mosley	
5.3 STREET ADDRESS	4554 S. Orange BL Tr., #72	
5.4 CITY-ST-ZIP	Orlando, FL 32839	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: John D. Ellis, Jr. President/Chairman 4/28/99 407-246-0500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)