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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N46826

1. Corporation Name

CITY OF LIGHT-ORLANDO, INC.

d/b/a/ WorldClass Schools, Inc.

Principal Place of Business
75 SOUTH IVANHOE BLVD
ORLANDO FL 32804

Mailing Address
75 SOUTH IVANHOE BLVD
ORLANDO FL 32804



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified
01/15/1992

4. FEI Number
59-3112444

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

9. Name and Address of Current Registered Agent

NASON, WALTER R
75 SOUTH IVANHOE BOULEVARD
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

Jacob V. Stuart

82 Street Address (P.O. Box Number is Not Acceptable)

75 South Ivanhoe Boulevard

83

84 City

Orlando

FL

85 Zip Code
32804

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

4/22/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME LINDON, DALE
STREET ADDRESS 75 SOUTH IVANHOE BLVD
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ DELETE

VD
NAME WOLFSON, WAYNE
STREET ADDRESS 75 SOUTH IVANHOE BLVD
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☒ DELETE

TD
NAME NASON, WALTER R.
STREET ADDRESS 75 SOUTH IVANHOE BLVD
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ DELETE

SD
NAME STUART, JACOB V
STREET ADDRESS 75 SOUTH IVANHOE BLVD
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ DELETE

D
NAME HASS, JOEL
STREET ADDRESS 75 SOUTH IVANHOE BLVD
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ DELETE

D
NAME MEDLIN, KENNETH L
STREET ADDRESS 75 SOUTH IVANHOE BLVD
CITY-ST-ZIP ORLANDO FL 32804

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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:

SIGNATURE KENNEDY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)