FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 30 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DO NOT WRITE IN THIS SPACE

DOCUMENT # N920000000837

1. Corporation Name
INDIAN RIVER ACADEMY PRIVATE SCHOOL INC.

Principal Place of Business
5640 Hastings Street
Cocoa, Fl 32927

Mailing Address
5640 Hastings Street
Cocoa, Fl. 32927

3. Date Incorporated or Qualified: 12/17/1992
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-3166860 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

5. Certificate of Status Desired XX — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent
Michael R. Riemschneider, Esq.
516 North Harbor City Blvd.
Melbourne Fl 32935

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE Pres./D NAME McGovern, Margaret M. STREET ADDRESS 5640 Hastings Street CITY-ST-ZIP Cocoa, Fl 32927	1.1 TITLE P/D ☐ Change XX Addition 1.2 NAME McGovern, Margaret M. 1.3 STREET ADDRESS 5640 Hastings Street 1.4 CITY-ST-ZIP Cocoa, Fl 32927
TITLE V/D NAME McOwen, James R. STREET ADDRESS 3904 Barbara Street CITY-ST-ZIP Cocoa, Fl. 32926	2.1 TITLE XX Change ☐ Addition 2.2 NAME V/D 2.3 STREET ADDRESS McOwen, James R. 2.4 CITY-ST-ZIP 3904 Barbara Street Cocoa, Fl. 32926
TITLE T/D NAME* Rodgers, James STREET ADDRESS 20 Camellia Avenue CITY-ST-ZIP Sattelite Beach, Fl. 32937	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE V/D NAME Morehead, Louis Jr STREET ADDRESS 3455 Johns Drive CITY-ST-ZIP Scottsmore Fl.	4.1 TITLE D ☒ Change ☐ Addition 4.2 NAME Myers, Mary 4.3 STREET ADDRESS 208 Canaveral Avenue 4.4 CITY-ST-ZIP Titusville, Fl. 32780
TITLE V/D NAME Morehead, Barbara STREET ADDRESS 3455 JohnsDrive CITY-ST-ZIP Scottsmore, Fl.	5.1 TITLE S ☐ Change ☒ Addition 5.2 NAME Tucker, Christine D. 5.3 STREET ADDRESS 6366 Alleghany Avenue 5.4 CITY-ST-ZIP Cocoa, Fl. 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

3/31/95 MS

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)(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: Margaret M. McGovern 3/10/95 Margaret M. McGovern 407-632-5446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #