FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N92000000837 (6)

FLORIDA LEARNING ACADEMY PRIVATE SCHOOL, INC.

Principal Place	of Business	Mailing Address		1 150 mm 100 mm	ante marte #4:41 06:61 18:64 40:10 1864 1861
5640 HASTINGS STREET COCOA FL 32927		5640 HASTINGS STREET COCOA FL 32927			
				3. Date Incorporated or Qualified 12/17/1992	3a. Date of Last Report 03/30/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3166860	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			S8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	)	City & State		6. Election Campaign Financing	<del></del>
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zíp	Country	8. This corporation has liability for in	
24	25	29	30		Yes □ No
	9. Name and Address of Curren			10. Name and Address of New Re	
			81 Name		
			OBERT M. WITENHA	PER	
	HARBOR CITY BLVD.			t Address (P.O. Box Number is Not Acceptable 48 LEVITT PARKWAS	
			83	10 FEVILL PARKWA	
MELBOU	JRNE FL 32935				
			84 City		85 Zip Code
11 Dureupot t	to the provisions of Sections 617 0500	and 617 1609. Elacida Statut	IB	OCKLED 6E corporation submits this statement for the purp	FL 32955
or register	ed agent, or both, in the State of Florid	la. Such change was authoriz	ed by the corporation's	s board of directors. I hereby accept the appo	ose of changing its registered office introent as registered agent. I am
familiar wit	th, and accept the obligations of, Secti	on 617.0503, Florida Statutes	S,		1/20100
SIGNATURE	Cooux In Wil			WITENHAFER	1127/16
12.	Signature, typed or printed name of registered agent a OFFICERS AND		OTE: Registered Agent signature 13.	required when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFI	Change Addition
NAME		Прене			Change C Addition
	MCGOVERN, MARGARET M		1.2 NAME		
STHEET ADDRESS	5640 HASTINGS STREET		1.3 STREET ADDRESS		
CITY-SI-ZIP	COCOA FL 32927	<b>₩</b> DELETE	1.4 CITY-ST-ZIP	1	To Less
TITLE	VD	Mostere	2.1 TITLE	VD	Change Addition
NAME	MCOWEN, JAMES R		2 2 NAME	MCGOVERN, STEVE	O C C C
STREET ADDRESS	3904 BARBARA STREET		2 3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32926		2. 4 CITY-ST-ZIP	COCOA FL 3292	
TITLE	VD	DELETE	3.1 TITLE	VD	Change Addition
NAME	MOREHEAD, BARBARA		3.2 NAME	SILVA, MARGARET	
STREET ADDRESS	3455 JOHNS DRIVE		3 3 STREET ADDRESS	I	
C:TY-ST-ZIP	SCOTTSMORE FL		3 4. CITY-ST-ZIP	COCO4 FL 329.	
TITLE	SD	<b>™</b> DELETE	4.1 TITLE	45	Change Maddition
NAME	MCGOVERN, MARGARET M		4. 2 NAME	WITENHAPER, SUZI	INNE R.
STREET ADDRESS	5640 HASTINGS ST		4.3 STREET ADDRESS	848 LEVITT PARKWA	Y
CITY-ST-ZIP	COCOA FL		4.4 CITY - ST - ZIP	ROCKLEDGE, FL 329	<b>SS</b>
TITLE	TD	DELETE	51 TITLE	TD	Change Addition
NAME	RODGERS, JAMES		5 2 NAME	TUCKER, CHRISTINA	D.
STREET ADDRESS	20 CAMELLIA AVE		5 3 STREET ADDRESS		ive.
CiTY-ST-ZiP	SATTELLITE BCH FL		5 4 CITY-ST-ZIP	COCO4 FL 3293	
TITLE	D	DELETE	61 TITLE		☐ Change ☐ Addition
NAME	_	N.J.	62 NAME		المارين والمارين والمارين
STREET ADDRESS	MYERS, MARY				
OTHER MUDICOS	208 CANAVERAL AVE		6 3 STREET ADDRESS		

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)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report as required that my signature shall have the same legal effect as if made under ooth; 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. annel Althy Suzavne R. WITENHAPER, SD 1/30/96 (407)631-6060
TURE AND TYPES OF PRINTED WATER OF SIGNING OFFICER OR DIRECTOR