

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jul 30 1997 8:00am  
Secretary of State

DOCUMENT # N92000000837 (6)

1. Corporation Name

FLORIDA LEARNING ACADEMY PRIVATE SCHOOL, INC.

Principal Place of Business

Mailing Address

5640 HASTINGS STREET  
COCOA FL 32927

5640 HASTINGS STREET  
COCOA FL 32927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/17/1992

3a. Date of Last Report  
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number

59-3166860

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

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WITENHAFFER, ROBERT M  
848 LEVITT PARKWAY  
ROCKLEDGE FL 32955

81 Name

JAMES A. STRICKLAND, JR.

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

1351 N. COURTENAY PKWY.

83

84 City

MERRITT ISLAND FL

85 Zip Code

32953

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)

7/21/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS MCGOVERN, MARGARET M  
CITY-ST-ZIP 5640 HASTINGS STREET  
COCOA FL 32927

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VD  
STREET ADDRESS MCGOVERN, STEVE  
CITY-ST-ZIP 5640 HASTINGS STREET  
COCOA FL 32927

2.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME VD  
STREET ADDRESS SILVA, MARGARET  
CITY-ST-ZIP 5080 PINE STREET  
COCOA FL 32927

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME SD  
STREET ADDRESS WITENHAFFER, SUZANNE R  
CITY-ST-ZIP 848 LEVITT PARKWAY  
ROCKLEDGE FL 32955

4.1 TITLE ☒ Change ☐ Addition

TITLE ☒ DELETE

NAME TD  
STREET ADDRESS TUCKER, CHRISTINA D  
CITY-ST-ZIP 6386 ALLEGHANY AVENUE  
COCOA FL 32927

5.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME SD  
STREET ADDRESS HARRELL, MARLENE  
CITY-ST-ZIP 3955 NEWPORT ST.  
COCOA, FL 32927

6.1 TITLE ☐ Change ☒ Addition

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: *[Signature]* SIGNATURE REQUIRED: WITENHAFFER, ROBERT M. 7/21/97 (1102) 131 600

CR2E037 (4/97)