

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N92000000991 (1)**

1. Corporation Name

ICARE BAY POINT SCHOOLS, INC.



Principal Place of Business

Mailing Address

**22025 SW 87 AVE
MIAMI FL 33190
US**

**22025 SW 87 AVE
MIAMI FL 33190
US**

3. Date Incorporated or Qualified

12/29/1992

4. FEI Number

65-0388436

Applied For

Not Applicable

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

25

29

30

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

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

**COLE, MARY L
22025 SW 87TH AVE
MIAMI FL 33190**

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 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

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **PERRY, ELIZA**
STREET ADDRESS **425 NW 16TH STREET**
CITY-ST-ZIP **HOMESTEAD FL**

TITLE **D** ☒ DELETE

NAME **HARRIS, EMANUEL**
STREET ADDRESS **18205 SW 213TH TERRACE**
CITY-ST-ZIP **DADESBORO FL**

TITLE **D** ☐ DELETE

NAME **DE LANGE, DAN**
STREET ADDRESS **13220 SW 208TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **VAN BYLEVELT, LLOYD**
STREET ADDRESS **1900 BISCAYNE BOULEVARD**
CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ DELETE

NAME **COLE, MARY LOUISE**
STREET ADDRESS **22025 SW 87TH AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **C** ☐ DELETE

NAME **KENNEDY, WAYNE G**
STREET ADDRESS **1133 MARIANA AVE**
CITY-ST-ZIP **CORAL GABLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **Petersen, Thomas**
1.3 STREET ADDRESS **3300 NW 27th Ave, Room 204**
1.4 CITY-ST-ZIP **Miami, FL 33142**

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.

SIGNATURE:

[Handwritten Signature]

5/26/98

305-251-3112

CR2E037 (10/97)