

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # *N93000002011*

1. Corporation Name

Metamorphosis for Education, Inc

Principal Place of Business

Mailing Address

*23 Shady Lane
Tequesta, FL 33469*

*23 Shady Lane
Tequesta, FL 33469*

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

4. FEI Number

65-0484235

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

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 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

Elizabeth A. Schauer

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 30, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME *DIRECTOR*

STREET ADDRESS *JOAN MARSHALL*

CITY-ST-ZIP *343 COUNTRY CLUB DRIVE*

TEQUESTA, FL 33469

TITLE ☐ DELETE

NAME *DIRECTOR*

STREET ADDRESS *DAVE IVERS*

CITY-ST-ZIP *114 QUAYSIDE DRIVE*

Jupiter, FL 33477

TITLE ☐ DELETE

NAME *DIRECTOR*

STREET ADDRESS *CHERYL ONORATO*

CITY-ST-ZIP *23 SHADY LANE*

TEQUESTA, FL 33469

TITLE ☐ DELETE

NAME *DIRECTOR*

STREET ADDRESS *ELIZABETH A. SCHAUER*

CITY-ST-ZIP *85 TEAKWOOD CIRCLE*

TEQUESTA FL 33469

TITLE ☐ DELETE

NAME *DIRECTOR*

STREET ADDRESS *BARBARA P. HENDERSON*

CITY-ST-ZIP *148 ARROWHEAD CIRCLE*

Jupiter, FL 33469

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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 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

Elizabeth A. Schauer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth A. Schauer

Director

April 30, 1996

747-6217

Daytime Phone #

CR2E037 (12/95)