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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N93000002011 (5)

1. Corporation Name
METAMORPHOSIS FOR EDUCATION, INC.

Principal Place of Business
~~23 SHADY LANE~~ 240 FAIRWAY EAST
TEQUESTA FL 33469

Mailing Address
~~23 SHADY LANE~~ 240 FAIRWAY EAST
TEQUESTA FL 33469-~~2007~~

3. Date Incorporated or Qualified: 05/04/1993
3a. Date of Last Report: 06/04/1996

2. Principal Place of Business
21 240 FAIRWAY EAST
22 Suite, Apt. #, etc.
23 City & State: TEQUESTA, FL
24 Zip: 33469
25 Country: Palm Beach

2a. Mailing Address
26 240 FAIRWAY EAST
27 Suite, Apt. #, etc.
28 City & State: TEQUESTA FL
29 Zip: 33469
30 Country: PALM ~~33469~~ Beach

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

9. Name and Address of Current Registered Agent
~~ONORATO, CHERYL~~
~~23 SHADY LANE~~
~~TEQUESTA FL 33469~~
CRUM, MARIE
240 FAIRWAY EAST
TEQUESTA, FL. 33469

10. Name and Address of New Registered Agent
81 Name: CRUM, MARIE
82 Street Address (P.O. Box Number is Not Acceptable): 240 FAIRWAY EAST
83
84 City: TEQUEST FL 85 Zip Code: 33469

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: Marie H. Crum, President — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) — DATE: 3-11-97

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	MARSHALL JOAN	
STREET ADDRESS	343 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	☒ DELETE
NAME	IVERS, DAVID	
STREET ADDRESS	114 QUAYSIDE DR	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	☒ DELETE
NAME	ONORATO, CHERYL	
STREET ADDRESS	23 SHADY LANE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	☐ DELETE
NAME	SCHAUER ELIZABETH A.	
STREET ADDRESS	85 TEAKWOOD CIRCLE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	☒ DELETE
NAME	HENDERSON, BARBARA P	
STREET ADDRESS	148 ARROWHEAD CIR	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR - PRESIDENT	☐ Change ☒ Addition
1.2 NAME	CRUM, MARIE	
1.3 STREET ADDRESS	240 FAIRWAY EAST	
1.4 CITY-ST-ZIP	TEQUESTA, FL 33469	
2.1 TITLE	DIRECTOR - TREASURER	☐ Change ☒ Addition
2.2 NAME	PATRICIA L. WATKINS	
2.3 STREET ADDRESS	167 RIVER DRIVE	
2.4 CITY-ST-ZIP	TEQUESTA, FL 33469	
3.1 TITLE	DIRECTOR - SECT.	☐ Change ☒ Addition
3.2 NAME	ZIMMS, JOYCE	
3.3 STREET ADDRESS	10 OAK RIDGE LANE	
3.4 CITY-ST-ZIP	TEQUESTA, FL. 33469	
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		

CR2E037 (9/96)

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.

2/4/97