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 # N93000002680 (7)

1. Corporation Name

THE GENEVA SCHOOL, INC.

Principal Place of Business	Mailing Address
410 RIDGE ROAD FERN PARK FL 32730 US	410 RIDGE ROAD FERN PARK FL 32730 US

3. Date Incorporated or Qualified: 06/10/1993

3a. Date of Last Report: 01/30/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 59-3195482 ☐ 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

DETWEILER, MARLIN
1500 LEE ROAD
SUITE 109
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name: Ingram, Robert

82 Street Address (P.O. Box Number is Not Acceptable): 506 Burnt Tree Lane

83

84 City: Apopka, FL FL 85 Zip Code: 32712

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: Robert F Ingram — 1-15-96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D INGRAM, MARJEAN 506 BLOUNT TREE LANE APOPKA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Ingram, Marjean 506 Burnt Tree Lane	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D INGRAM, ROBERT 506 BURNT TREE LN APOPKA FL 32712	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P/D Ingram, Robert same as at left	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALEXANDER, LAURA G 2700 MIDDLESEX RD ORLANDO FL 32803	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALONE, MIKE G 1715 KING ARTHUR'S CIR MAITLAND FL 32751	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Malone, Barbara 1715 King Arthurs Circle Maitland, FL 32751	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DETWEILER, MARLIN 817 QUINWOOD LN MAITLAND FL 32751	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	V/D Sproul, R.C. 2741 Deer Berry Court Longwood, FL 32779-3071	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DETWEILER, LAURIE 817 QUINWOOD LN MAITLAND FL	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	S/D Sproul, Vesta 2741 Deer Berry Court Longwood, FL 32779-3071	☐ Change ☑ Addition

CR2E037 (12/95)

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)(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: Robert F Ingram — 1-15-96 — 407-647-7774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #