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

N93000002680 (7) DOCUMENT

THE GENEVA SCHOOL, INC.

MORSE, BECKY

MAITLAND FL

2121 MOHAWK TRAIL

NAME

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address					t Janklen sie izina tirti sotil enili maite andil enili				
410 RIDGE ROA	AD.	410 RIDGE ROAD				3. Date Incorporated or Qualified			
FERN PARK FL	32730	FERN PARK FL 32730				06/10/1993			
US		US				4. FEI Number	Ap	plied For	
						59-3195482	No	t Applicable	
2. Principal P	lace of Business	2a, Mailing Address				5. Certificate of Status Desired	\$8.75 /		
21		26					Fee Re		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	 			·			
City & Stat		City 9 State	City & State			Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?			
23	e e	28				7. Is this homprorit corporation a noneowners association? Yes Mo			
Zip	Country	Zip	Country		-	8. This corporation owes or has paid the currer	nt year int	angible	
24	25	29	30			Personal Property Tax due June 30. 🔲 Yes 🛂 No			
Name and Address of Current Registered Agent						10. Name and Address of New Registered Ag	ent		
				81	Name				
INGRAM, ROBERT				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
506 BURNT TREE LANE				83					
SUITE 109 APOPKA FL 32712									
APOPKA	1 PL 327 12			84	City	FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617,1508, Florida Stati	utes, the a	bove-r	named c		hanging it	registered	
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorize	d by th	he corpo	orporation submits this statement for the purpose of claration's board of directors. I hereby accept the appoin	ıtment as	registered	
	m tanmar with and accopt the oblig	ations of, occion of theodos, t	iorida ola	atos.					
SIGNATURE .	Stgriature, typed or printed name of registered ag-	ent and title if applicable. (NC	OTE: Registere	d Agent	signature re	quired when reinstating) DATE			
12.		D DIRECTORS	13.		713	ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE	D	☐ DELETE	DELETE 1.1 T			D. J. Cardend	☐ Change	Addition	
NAME	INGRAM, MARJEAN		1.2 NAM		٦	trait, Leosiana			
STREET ADDRESS				1.3 STREET ADDRESS 13		Stuart, Crosland 1323 Stewart St. Winter Park, FL 32789			
CITY-ST-ZIP	APOPKA FL	☐ DELETE		πγ-\$1-			Change	Addition	
TITLE	PD	T nettere	2.1 TI		1	Dente Gran	T cuande	Les Addition	
NAME	INGRAM, ROBERT		2.2 N		NOOFER Y	Nyatt, Gary 360 N. Lake Sybelia			
STREET ADDRESS	506 BURNT TREE LANE APOPKA FL		1	TREET AC STY-ST-		Maitland, FL 32751			
CITY-ST-ZIP TITLE	D APOPRA FL	DELETE	2. 4 U		- 212		Change	Addition	
NAME	ALEXANDER, LAURA G		3.2 N				_ •	_	
STREET ADDRESS	2700 MIDDLESEX RD			TREET AD	DRESS				
CITY-ST-ZIP	ORLANDO FL 32803			ITY-ST-	i				
TITLE	D	DELETE	4.1 Ti	_			Сһалде	Addition	
NAME	MALONE, BARBARA		4, 2 N	AME					
STREET ADDRESS	1715 KING ARTHUR'S CIRCL	E	4.3 S	TREET AD	DORESS				
CITY-ST-ZIP	MAITLAND FL		4.4 C	TY-ST-	ZIP				
TITLE	VD	☐ DELETE	5.1 10	5.1 TITLE		L	_ Change	☐ Addition	
NAME	WALLACE, CHUCK		5.2 N	AME					
STREET ADDRESS	2353 HUNTERFIELD RD			TREET AE					
CITY-ST-ZIP	MAITLAND FL	[] na		TY-ST-	ZIP		T Obe	1 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A	
TITLE	ח	DELETE	6.1 TI	TLE		L	Change	Addition	

14. I hereby certify that the information supplied with this filling 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, from an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

407-332-6363 SIGNATURE:

FILED

Feb 04 1998 8:00am

Secretary of State