FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State
05-24-1999 90017 042 ****61.25

DOCUMENT # **N93000002680**

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
06/10/1993

4. FEI Number
59-3195482
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

INGRAM, ROBERT
506 BURNT TREE LANE
SUITE 109
APOPKA FL 32712

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	INGRAM, MARJEAN		1.2 NAME	John Maynard	
STREET ADDRESS	506 BURNT TREE LANE		1.3 STREET ADDRESS	1230 E. Lake Colony Dr.	
CITY-ST-ZIP	APOPKA FL		1.4 CITY-ST-ZIP	Maitland FL 32751	
TITLE	PD	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	INGRAM, ROBERT		2.2 NAME	Dayle Seneff	
STREET ADDRESS	506 BURNT TREE LANE		2.3 STREET ADDRESS	1300 Summerlana Ave.	
CITY-ST-ZIP	APOPKA FL		2.4 CITY-ST-ZIP	Winter Park FL 32789	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	ALEXANDER, LAURA G		3.2 NAME	Croslana Stuart	
STREET ADDRESS	2700 MIDDLESEX RD		3.3 STREET ADDRESS	1323 Stewart St.	
CITY-ST-ZIP	ORLANDO FL 32803		3.4 CITY-ST-ZIP	Winter Park FL 32789	
TITLE	D	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	MALONE, BARBARA		4.2 NAME	Gary Wyatt	
STREET ADDRESS	1715 KING ARTHUR'S CIRCLE		4.3 STREET ADDRESS	360 N. Lake Sybelia	
CITY-ST-ZIP	MAITLAND FL		4.4 CITY-ST-ZIP	Maitland FL 32751	
TITLE	VD	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WALLACE, CHUCK		5.2 NAME		
STREET ADDRESS	2353 HUNTERFIELD RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MORSE, BECKY		6.2 NAME		
STREET ADDRESS	2121 MOHAWK TRAIL		6.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Robert F. Ingram REQUIRED Robert F. INGRAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #