FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:11

DOCUMENT # N93000005007 (0)

1. Corporation Name
WEST CENTRAL EDUCATIONAL LEADERSHIP NETWORK, INC

Principal Place of Business	Mailing Address
12493 TELECOM DRIVE TAMPA FL 33637	12493 TELECOM DRIVE TAMPA FL 33637

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3214882 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

KATZENMEYER, MARILYN
12493 TELECOM DR
TAMPA FL 33637

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required when mandatory) — DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	NICHOLS, DR. DIANE
STREET ADDRESS	530 LASOLONA AVE
CITY-ST-ZIP	ARCADIA FL
TITLE	D
NAME	REID, DR. GEORGE
STREET ADDRESS	3234 GULF GATE DR STE 204
CITY-ST-ZIP	SARASOTA FL
NAME	STANFILL, DR. MYNDY
STREET ADDRESS	7227 LAND O LAKES BLVD
CITY-ST-ZIP	LAND O LAKES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	D	☒ Change ☐ Addition
12 NAME	Reid, Dr. George	
13 STREET ADDRESS	3231 Gulf Gate Drive, #204	
14 CITY-ST-ZIP	Sarasota, FL 34231	
21 TITLE	D	☒ Change ☐ Addition
22 NAME	Howard, Dr. Nancy	
23 STREET ADDRESS	426 School Street	
24 CITY-ST-ZIP	Sebring, FL 33870	
31 TITLE	D	☒ Change ☐ Addition
32 NAME	Stewart, Carnella	
33 STREET ADDRESS	901 E. Kennedy Blvd.	
34 CITY-ST-ZIP	Tampa, FL 33601	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marilyn Katzenmeyer — Marilyn Katzenmeyer
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — (813) 975-6605 Daytime Phone

0054010