

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 # 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

3. Date Incorporated or Qualified

11/01/1993

3a. Date of Last Report

02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

Hillsborough

26

Hillsborough

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KATZENMEYER, MARILYN  
12493 TELECOM DR  
TAMPA FL 33637

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

*Marilyn Katzenmeyer*

Signature, typed or printed name of registered agent, or 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 D  
NAME REID, DR. GEORGE  
STREET ADDRESS 3231 GULF GATE DRIVE #204  
CITY-ST-ZIP SARASOTA FL

☐ DELETE

1.1 TITLE D  
1.2 NAME Reid, Dr. George  
1.3 STREET ADDRESS 1960 Landings Blvd.  
1.4 CITY-ST-ZIP Sarasota, FL 34231

☒ Change ☐ Addition

TITLE D  
NAME HOWARD, DR. NANCY  
STREET ADDRESS 426 SCHOOL ST  
CITY-ST-ZIP SEBRING FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME STEWART, CARNELLA  
STREET ADDRESS 901 E. KENNEDY BLVD.  
CITY-ST-ZIP TAMPA FL

☒ 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

☐ DELETE

4.1 TITLE D  
4.2 NAME Sharon Benner  
4.3 STREET ADDRESS 2055 Central Avenue  
4.4 CITY-ST-ZIP Ft. Myers, FL 33901

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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:

*Marilyn Katzenmeyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marilyn Katzenmeyer

(813) 975-6605

Date

Daytime Phone #

CR2E037 (12/95)