

FILE NOW: FILING FEE IS \$61.25

70.00

FILED

Feb 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33637-0913**

3. Date Incorporated or Qualified
11/01/1993

3a. Date of Last Report
02/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

29 Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

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

Merrie Lynn Parker

82 Street Address (P.O. Box Number is Not Acceptable)

12493 Telecom Drive

83

84 City

Tampa

FL

85 Zip Code

33637

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 *Merrie Lynn Parker*
Signature: typed or printed name of registered agent and title if applicable.

Merrie Lynn Parker

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **REID, GEORGE DR**
STREET ADDRESS **1960 LANDINGS BLVD**
CITY-ST-ZIP **SARASOTA FL 34231**

1.1 TITLE **D** ☒ Change ☒ Addition
1.2 NAME **Nichols, Diane Dr**
1.3 STREET ADDRESS **530 LaSolona Avenue**
1.4 CITY-ST-ZIP **Arcadia, FL 34266**

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

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Black, Alice**
2.3 STREET ADDRESS **2055 Deltona Blvd.**
2.4 CITY-ST-ZIP **Spring Hill, FL 34606**

TITLE **D** ☒ DELETE
NAME **BENNER, SHARON**
STREET ADDRESS **2055 CENTRAL AVENUE**
CITY-ST-ZIP **FT. MYERS FL 33901**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Stephens, Claudia**
3.3 STREET ADDRESS **901 E. Kennedy Blvd.**
3.4 CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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.

SIGNATURE:

Merrie Lynn Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Merrie Lynn Parker (813) 975-6605

Date

Daytime Phone # 0048029

CR2E037 (9/96)