

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005007 (0)**

1. Corporation Name

WEST CENTRAL EDUCATIONAL LEADERSHIP NETWORK, INC



Principal Place of Business 200 N KINGSWAY ROAD SUITE 125 SEFFNER FL 33584	Mailing Address 200 N KINGSWAY ROAD SUITE 125 SEFFNER FL 33584
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3. Date Incorporated or Qualified 11/01/1993
4. FEI Number 59-3214882
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent MERRIE LYNN PARKER 12493 TELECOM DR TAMPA FL 33637	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	200 N. KINGSWAY RD, SUITE 125
83	
84 City	SEFFNER
85 Zip Code	FL 33584

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	NICHOLS, DIANE DR
STREET ADDRESS	530 LASOLONA AVE
CITY-ST-ZIP	ARCADIA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BLACK, ALICE
STREET ADDRESS	2055 DELTONA BLVD
CITY-ST-ZIP	SPRING HILL FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STEPHENS, CLAUDIA
STREET ADDRESS	901 E KENNEDY BLVD
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kreiling, Judy
1.3 STREET ADDRESS	P O Box 9069 - 215 Manatee Ave W.
1.4 CITY-ST-ZIP	Bradenton FL 34206
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Strouse, Wilson
2.3 STREET ADDRESS	1915 South Floral Avenue
2.4 CITY-ST-ZIP	Bartow FL 33830
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Silberman, Elanna
3.3 STREET ADDRESS	1445 Education Way
3.4 CITY-ST-ZIP	Port Charlotte, FL 33948
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Merrie Lynn Parker* **Merrie Lynn Parker, Exec Dir** 813/744-8855

CR2E037 (10/97)