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May 01 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 # N93000005251 (4)**

1. Corporation Name

**SHARON ACADEMY, INC.**

Principal Place of Business

2265 BUNCHE PARK SCHOOL DRIVE  
OPA LOCKA FL 33054  
US

Mailing Address

3894 NW 167TH STREET  
MIAMI FL 33054-6201  
US



3. Date Incorporated or Qualified <b>11/22/1993</b>	3a. Date of Last Report <b>02/21/1996</b>
4. FEI Number <b>65-0488854</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARRISH, SHERRON**  
**15701 NW 18 AVE CT.**  
**OPA LOCKA FL 33054**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>15701 NW 18 CT.</b>
83
84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAIRSTON, ELIZABETH	1.2 NAME	
STREET ADDRESS	4005 SW 68 LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, SHERRON	2.2 NAME	
STREET ADDRESS	15701 NW 18TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, CARL	3.2 NAME	
STREET ADDRESS	15701 NW 18TH CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, ANNA	4.2 NAME	
STREET ADDRESS	8830 VISCOUNT - 0	4.3 STREET ADDRESS	
CITY-ST-ZIP	EL PASO TX	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENDERMANN, WILLIAM	5.2 NAME	
STREET ADDRESS	1855 TRAWOOD #204	5.3 STREET ADDRESS	
CITY-ST-ZIP	EL PASO TX 79935	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SHERRON PARRISH**

Date **4/17/97** Daytime Phone # **305 624-0060**

CR2E037 (9/96)