

# 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 # **N94000000101 (5)**

1. Corporation Name

**WELCOME HOME ACADEMY PRIVATE SCHOOL, INC.**



Principal Place of Business

Mailing Address

**1539 PARENTAL HOME ROAD  
JACKSONVILLE FL 32216**

**9570 REGENCY SQUARE BLVD  
JACKSONVILLE FL 32225  
US**

3. Date Incorporated or Qualified  
**01/07/1994**

3a. Date of Last Report  
**03/28/1995**

2. Principal Place of Business

2a. Mailing Address

21 **9570 REGENCY SQ. BLVD.**

26

4. FEI Number

**59-3217007**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

23 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

24 Zip

Country

29 Zip

Country

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

**ANAC, CONNIE  
9570 REGENCY SQUARE BLVD  
JACKSONVILLE FL 32225**

81 Name **Cenac, Connie**

82 Street Address (P.O. Box Number is Not Acceptable)  
**9570 Regency Square Blvd.**

83 **Jacksonville, FL. 32225**

84 City **Jacksonville**

FL 85 Zip Code  
**32225**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **DROST, BOB**  
STREET ADDRESS **2250 CORTEZ ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **PD** ☒ DELETE  
NAME **DROST, BOB**  
STREET ADDRESS **12326 DUNWOODY DR**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SD** ☒ DELETE  
NAME **WOODALL, PAM**  
STREET ADDRESS **3511 TRIDENT CT**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **TD** ☒ DELETE  
NAME **BARKER, PAUL**  
STREET ADDRESS **1539 OAK LACE CT**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☐ DELETE  
NAME **FELIX, JIM**  
STREET ADDRESS **1741 HAZELHURST DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☒ DELETE  
NAME **GLIDDEN, MARY**  
STREET ADDRESS **3332 W SEVILLE ST.**  
CITY-ST-ZIP **JACKSONVILLE FL 32207-4620**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition  
1.2 NAME **Cenac, Connie**  
1.3 STREET ADDRESS **9570 Regency Square Blvd.**  
1.4 CITY-ST-ZIP **Jacksonville, FL. 32225**

2.1 TITLE **SD** ☐ Change ☒ Addition  
2.2 NAME **Ced eno, Leigh Anne**  
2.3 STREET ADDRESS **9570 Regency Square Blvd.**  
2.4 CITY-ST-ZIP **Jacksonville, FL. 32225**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **Lara, Raymond**  
3.3 STREET ADDRESS **9570 Regency Square Blvd.**  
3.4 CITY-ST-ZIP **Jacksonville, FL. 32225**

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **Barker, Deborah**  
4.3 STREET ADDRESS **9570 Regency Square Blvd**  
4.4 CITY-ST-ZIP **Jacksonville, FL. 32225**

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **Presley, Marion**  
5.3 STREET ADDRESS **9570 Regency Square Blvd.**  
5.4 CITY-ST-ZIP **Jacksonville, FL. 32225**

6.1 TITLE **TD** ☐ Change ☒ Addition  
6.2 NAME **Edwards, Mary**  
6.3 STREET ADDRESS **9570 Regency Square Blvd.**  
6.4 CITY-ST-ZIP **Jacksonville, FL. 32225**

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:

*Connie Cenac*

Connie Cenac

04/24/96

904-725-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)