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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001534

1. Corporation Name

ACADEMY AT THE LAKES EDUCATIONAL FOUNDATION, INC

Principal Place of Business

2331 COLLIER PKWY
LAND O' LAKES FL 34639
US

Mailing Address

20315 MID COURT
LUTZ FL 33549



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/23/1994

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-3233058

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUENZEL, DIANE E
P.O. BOX 334
4111 LAND O' LAKES BLVD
LAND O' LAKES FL 34639

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

Signature, typed or printed name of registered agent and 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 PD ☐ DELETE

NAME MORRIS, JUDY
STREET ADDRESS 18609 GERACI ROAD
CITY-ST-ZIP LUTZ FL 33549

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VT ☐ DELETE

NAME ADAMS, MAUREEN
STREET ADDRESS 3420 LAKE PADGETT DRIVE
CITY-ST-ZIP LAND O' LAKES FL 34639

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DT ☐ DELETE

NAME PRIEST, TAMMI
STREET ADDRESS 7316 BAY PINES DR.
CITY-ST-ZIP WESLEY CHAPEL FL 33544

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME MCCORMICK, MARY
STREET ADDRESS 2835 MEADOWOOD DR
CITY-ST-ZIP NEW PORT RICHEY FL 34655

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME WENDLEK, RICHARD J
STREET ADDRESS 20315 MILL COURT
CITY-ST-ZIP LUTZ FL 33549

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/99

813-909-0227

CR2E037 (11/98)