FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:44

DOCUMENT # **N94000001961 (1)**

1. Corporation Name
FLORIDA SCHOOL OF SAFE PERFORMANCE, INC.

Principal Place of Business	Mailing Address
4968 S. ORANGE AVE. ORLANDO FL 32806	4968 S. ORANGE AVE. ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1994
3a. Date of Last Report:
4. FEI Number: 59-3197595 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Street, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SCHROEDER, PAMELA
4968 S. ORANGE AVE.
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name: Schroeder, Pamela
82 Street Address (P.O. Box Number is Not Acceptable): 124 No. Sinclair Ave.
83: P.O. Box 38
84 City: Tavares, 85 FL Zip Code: 32778

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Pamela A Schroeder — 2/2/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPVS	11 TITLE	☒ Change ☐ Addition
NAME	SCHROEDER, PAM	12 NAME	
STREET ADDRESS	4968 S. ORANGE AVE.	13 STREET ADDRESS	124 No. Sinclair Ave. P.O. Box 38
CITY-ST-ZIP	ORLANDO FL 32806	14 CITY-ST-ZIP	Tavares, Fl 32778
TITLE	T	21 TITLE	☒ Change ☐ Addition
NAME	SCHROEDER, PAM	22 NAME	
STREET ADDRESS	4968 S. ORANGE AVE.	23 STREET ADDRESS	124 No. Sinclair Ave. P.O. Box 38
CITY ST ZIP	ORLANDO FL 32806	24 CITY ST ZIP	Tavares, Fl 32778
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	LLOYD, DENISE	32 NAME	
STREET ADDRESS	4968 S. ORANGE AVE.	33 STREET ADDRESS	124 No. Sinclair Ave. P.O. Box 38
CITY ST ZIP	ORLANDO FL 32806	34 CITY ST ZIP	Tavares, Fl 32778
TITLE	D	41 TITLE	☐ Change ☒ Addition
NAME	EVANS, HARLEY	42 NAME	D Katherine L. Sorensen
STREET ADDRESS	4968 S. ORANGE AVE. delete	43 STREET ADDRESS	214 E. Main St. - P.O. Box 66
CITY ST ZIP	ORLANDO FL 32806	44 CITY ST ZIP	Tavares, Fl 32778
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	D Dora Hare
STREET ADDRESS		53 STREET ADDRESS	124 No. Sinclair Ave P.O.B. 38
CITY ST ZIP		54 CITY ST ZIP	Tavares, Fl 32778
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: Pamela A Schroeder — 2/2/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033801