

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 # 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



3. Date Incorporated or Qualified

04/20/1994

3a. Date of Last Report

03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 4948 S. ORANGE AVE

26 4948 S. ORANGE AVE

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

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

SCHROEDER, PAMELA
124 NO. SINCLAIR AVE.
P. O. BOX 38
TAVARES FL 32778

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	DPVS	<input type="checkbox"/> DELETE
NAME	SCHROEDER, PAM	
STREET ADDRESS	124 NO. SINCLAIR AVE., P.O. BOX 38	
CITY-ST-ZIP	TAVARES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHROEDER, PAM	
STREET ADDRESS	124 NO. SINCLAIR AVE., P.O. BOX 38	
CITY-ST-ZIP	TAVARES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LLOYD, DENISE	
STREET ADDRESS	124 NO. SINCLAIR AVE., P.O. BOX 38	
CITY-ST-ZIP	TAVARES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KATHERINE L. SORENSEN	
STREET ADDRESS	214 E. MAIN ST., P.O. BOX 66	
CITY-ST-ZIP	TAVARES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DORA HADE	
STREET ADDRESS	124 NO. SINCLAIR AVE., P.O. BOX 38	
CITY-ST-ZIP	TAVARES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEORGEANNE V. REED	
STREET ADDRESS	1012 E ALFRED ST P.O. BOX	
CITY-ST-ZIP		

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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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)(b), 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

Date

Daytime Phone #

CR2E037 (12/95)