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Mar 11 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

4948 S. ORANGE AVE
ORLANDO FL 32806
US

4948 S. ORANGE AVE
ORLANDO FL 32806
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/20/1994

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

SCHROEDER, Pamela

82 Street Address (P.O. Box Number is Not Acceptable)

4948 S. ORANGE AVE

83

84 City

ORLANDO

FL

85 Zip Code

32806

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 617.1503, Florida Statutes.

SIGNATURE

Pamela Schroeder

DATE

2/20/98

Signature, typed or printed name of registered agent and title in parentheses

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DPVS
NAME SCHROEDER, PAM
STREET ADDRESS 124 NO. SINCLAIR AVE., P.O. BOX 38
CITY-ST-ZIP TAVARES FL

TITLE T
NAME SCHROEDER, PAM
STREET ADDRESS 124 NO. SINCLAIR AVE., P.O. BOX 38
CITY-ST-ZIP TAVARES FL

TITLE D
NAME REED, GEORGEANNE V
STREET ADDRESS 1012 E. ALFRED ST., P.O. BOX 66
CITY-ST-ZIP TAVARES FL

TITLE D
NAME GARETT, JEAN
STREET ADDRESS 205 E. LAUREL AVE.
CITY-ST-ZIP HOWEY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 4948 S. ORANGE AVE
1.4 CITY-ST-ZIP ORLANDO, FLA 32806

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 4948 S. ORANGE AVE
2.4 CITY-ST-ZIP ORLANDO, FLA 32806

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

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.

SIGNATURE:

Pamela Schroeder

2/20/98

407/857-2552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/97)