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

APPROVED AND FILED

95 APR 24 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002270 (6)

1. Corporation Name

NEW CIVILIZATION ACADEMY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
6165 S.W. 1ST ST. MARGATE FL 33068	6165 S.W. 1ST ST. MARGATE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0520403 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26: Post Office Box 770035
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28: Coral Springs, FL
Zip — 24
County — 25
Zip — 29: 330770035
County — 30: USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Elector 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 § 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LIPSON, SAUL B
1515 UNIVERSITY DR.
SUITE 222
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS, ETC.		
TITLE	PTSD	11 TITLE	PTD	☒ Change ☐ Addition
NAME	WHITEMAN, JOANNE	12 NAME	JOANNE WHITEMAN	
STREET ADDRESS	6165 S.W. 1ST ST.	13 STREET ADDRESS	6165 SW 1ST STREET	
CITY ST ZIP	MARGATE FL 33068	14 CITY ST ZIP	Margate FL 33068	
TITLE	D	21 TITLE	VD	☒ Change ☐ Addition
NAME	WHITEMAN, RANDY	22 NAME	RANDY WHITEMAN	
STREET ADDRESS	6165 S.W. 1ST ST.	23 STREET ADDRESS	6165 SW 1ST STREET	
CITY ST ZIP	MARGATE FL 33068	24 CITY ST ZIP	MARGATE FL 33068	
TITLE		31 TITLE	SD	☐ Change ☒ Addition
NAME		32 NAME	TANIA FLANIGAN	
STREET ADDRESS		33 STREET ADDRESS	9390-L SW 61ST WAY	
CITY ST ZIP		34 CITY ST ZIP	BOCA RATON FL 33428	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I/We hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an asterisk (*) or other indication that I am an officer or director.

SIGNATURE: Joanne Whiteman JOANNE WHITEMAN 4/18/95 3059726508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0040205