

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 # 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

POST OFFICE BOX 770035
CORAL SPRINGS FL 33077-0035
US

3. Date Incorporated or Qualified
05/06/1994

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

65-0520403

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

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

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

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

TITLE **PTD** ☐ DELETE
NAME **WHITEMAN, JOANNE**
STREET ADDRESS **6165 SW 1ST STREET**
CITY - ST - ZIP **MARGATE FL**

TITLE **VD** ☐ DELETE
NAME **WHITEMAN, RANDY**
STREET ADDRESS **6165 SW 1ST STREET**
CITY - ST - ZIP **MARGATE FL**

TITLE **SD** ☐ DELETE
NAME **FLANIGAN, TANIA**
STREET ADDRESS **9390-C SW 61ST WAY**
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **JOANNE WHITEMAN**
1.3 STREET ADDRESS **6165 SW 1ST STREET**
1.4 CITY - ST - ZIP **MARGATE FL 33068-1605**

2.1 TITLE **TD** ☐ Change ☒ Addition
2.2 NAME **LINDA KABLE**
2.3 STREET ADDRESS **4319 NW 5th AVENUE**
2.4 CITY - ST - ZIP **POMPANO BEACH FL 33064**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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: *Joanne Whiteman* **JOANNE WHITEMAN** **2-15-96** **954-972-6508**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)