

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 # N94000002654 (1)

1. Corporation Name

ALL SAINTS' ACADEMY, INC.



Principal Place of Business

**656 AVE L NW.
WINTER HAVEN FL 33881**

Mailing Address

**656 AVE L NW.
WINTER HAVEN FL 33881**

2. Principal Place of Business

2a. Mailing Address

21 5001 State Road 540

26 5001 State Road 540

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Winter Haven, FL

27 Winter Haven, FL

City & State

City & State

23 33880

25 U.S.A.

29 33880

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PUTNAM, THOMAS B JR
141 5TH STREET NW
SUITE 300
WINTER HAVEN FL 33881**

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

PD BOSTICK, R. M
502 E. BRIDGERS AVENUE
AUBURNDALE FL

☐ DELETE

TD INGRAM, DON E
7 HICKORY WAY
WINTER HAVE FL

☐ DELETE

SD PUTNAM, THOMAS B JR.
125 LAKE OTIS ROAD, S.E.
WINTER HAVEN FL

☐ DELETE

D SATERBO, STEPHEN C
3112 POST OAK COURT
WINTER HAVE FL

☐ DELETE

VPD LITTLE, BERNIE J
4105 MAIN AVENUE
EATON PARK FL

☐ DELETE

D PECK, MARYLY V
1290 HOWARD TERRACE, N.W.
WINTER HAVEN FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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)(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:

Thomas B. Putnam Jr, Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

(941) 284-3360

CR2E037 (12/95)