

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002654 (1)**

1. Corporation Name

**ALL SAINTS' ACADEMY, INC.**

Principal Place of Business

Mailing Address

**5001 STATE ROAD 540  
WINTER HAVEN FL 33880  
US**

**5001 STATE ROAD 540  
WINTER HAVEN FL 33880  
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	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified	<b>05/23/1994</b>
4. FEI Number	<b>59-3246571</b>
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
<b>PUTNAM, THOMAS B JR 141 5TH STREET NW SUITE 300 WINTER HAVEN FL 33881</b>

10. Name and Address of New Registered Agent
81 Name <b>Arthur J. Rowbotham</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>915 Brockwood Dr.</b>
83
84 City <b>Lakeland</b> FL 85 Zip Code <b>33813</b>

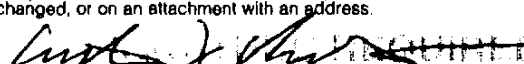
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  (Arthur J. Rowbotham) DATE **4-28-98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD BOSTICK, R. M.</b>
STREET ADDRESS	<b>602 E. BRIDGERS AVENUE</b>
CITY-ST-ZIP	<b>AUBURNDALE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD INGRAM, DON E</b>
STREET ADDRESS	<b>7 HICKORY WAY</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>SD PUTNAM, THOMAS B JR.</b>
STREET ADDRESS	<b>125 LAKE OTIS ROAD, S.E.</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D SATERBO, STEPHEN C</b>
STREET ADDRESS	<b>3112 POST OAK COURT</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VPD LITTLE, BERNIE J</b>
STREET ADDRESS	<b>4105 MAIN AVENUE</b>
CITY-ST-ZIP	<b>EATON PARK FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D PECK, MARYLY V</b>
STREET ADDRESS	<b>1290 HOWARD TERRACE, N.W.</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PD BOSTICK, R. M.</b>
1.3 STREET ADDRESS	<b>9 Brogden Ct. SE</b>
1.4 CITY-ST-ZIP	<b>Winter Haven FL 33880</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SD Rowbotham, Arthur</b>
3.3 STREET ADDRESS	<b>915 Brockwood Dr</b>
3.4 CITY-ST-ZIP	<b>Lakeland FL 33813</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>VPD Hollis, Jack</b>
5.3 STREET ADDRESS	<b>1285 Jefferson Dr.</b>
5.4 CITY-ST-ZIP	<b>Lakeland FL 33803</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  (Arthur J. Rowbotham) DATE **4-28-98**

CR2E037 (10/97)