

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90087 002 \*\*\*\*61.25

DOCUMENT # N94000002654

1. Corporation Name

ALL SAINTS' ACADEMY, INC.

Principal Place of Business

5001 STATE ROAD 540  
WINTER HAVEN FL 33880  
US

Mailing Address

5001 STATE ROAD 540  
WINTER HAVEN FL 33880  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/23/1994

4. FEI Number

59-3246571

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

9. Name and Address of Current Registered Agent

ROWBOTHAM, ARTHUR J  
915 BROCKWOOD DR  
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

Bruce A. Davis

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

3082 Landings Ct.

83

84 City

Haines City

FL

85 Zip Code

33845

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

4/30/99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BOSTICK, R. M.  
STREET ADDRESS 9 BROGFEN CT SE  
CITY-ST-ZIP WINTER HAVEN FL 33880 ☒ DELETE

TITLE TD  
NAME INGRAM, DON E  
STREET ADDRESS 7 HICKORY WAY  
CITY-ST-ZIP WINTER HAVE FL ☒ DELETE

TITLE SD  
NAME ROWBOTHAM, ARTHUR  
STREET ADDRESS 915 BROCKWOOD DR  
CITY-ST-ZIP LAKELAND FL 33813 ☒ DELETE

TITLE VPD  
NAME HOLLIS, JACK  
STREET ADDRESS 1285 JEFFERSON DR  
CITY-ST-ZIP LAKELAND FL 33803 ☐ DELETE

TITLE D  
NAME PECK, MARYLY V  
STREET ADDRESS 1290 HOWARD TERRACE, N.W.  
CITY-ST-ZIP WINTER HAVEN FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD ☐ Change ☒ Addition  
1.2 NAME Bruce A. Davis  
1.3 STREET ADDRESS 3082 Landings Ct.  
1.4 CITY-ST-ZIP Haines City, FL 33845

2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME Emil Janna  
2.3 STREET ADDRESS 1390 N. Crooked Lake Dr  
2.4 CITY-ST-ZIP Babson Park FL 33827

3.1 TITLE SD ☐ Change ☒ Addition  
3.2 NAME David Alexander  
3.3 STREET ADDRESS 119 Wyndham Dr.  
3.4 CITY-ST-ZIP Winter Haven FL 33884

4.1 TITLE PD ☒ Change ☐ Addition  
4.2 NAME Hollis, Jack  
4.3 STREET ADDRESS 1285 Jefferson Drive  
4.4 CITY-ST-ZIP Lakeland FL 33803

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 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 does not appear in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 422-1713

CR2E037 (11/98)

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