

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005024 (4)

1. Corporation Name

NORTHSTAR ACADEMY, INC.

Principal Place of Business

Mailing Address

1275 PRINCE COURT
HEATHROW FL 32746

1275 PRINCE COURT
HEATHROW FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1994

3a. Date of Last Report

4. FEI Number

59-3259904

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

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 S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AHLERS, MARK F ESQ.
WELLS & MORRISON P.A.
340 NORTH ORANGE AVENUE
ORLANDO FL 32801

81. Name

Mark F. Ahlers, Esquire

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

170 East Washington Street

83.

84. City

Orlando

FL

85. Zip Code

32801-2397

11. Pursuant to the provisions of Sections 607.0504 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 X

Signature, typed or printed name of registered agent (not applicable)

(NOTE: Registered Agent signature required when registering)

DATE

3-30-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director-president-Incorporator
NAME Deborah Shafer
STREET ADDRESS 1275 Prince Court
CITY- ST- ZIP Heathrow, FL 32746

11.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE Director-Vice President
NAME John B. Shafer
STREET ADDRESS 1275 Prince Court
CITY- ST- ZIP Heathrow, FL 32746

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE Director-Secretary-Treasurer
NAME Jo-Ann F. Perfido
STREET ADDRESS 625 Cricklewood Terrace
CITY- ST- ZIP Heathrow, FL 32746

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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 110.07(3)(a), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

Deborah Shafer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah Shafer

Date

407-333-3136

Telephone Number