

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 # N94000005024 (4)

1. Corporation Name

NORTHSTAR ACADEMY, INC.

Principal Place of Business

1275 PRINCE COURT
HEATHROW FL 32746

Mailing Address

1275 PRINCE COURT
HEATHROW FL 32746



3. Date Incorporated or Qualified

10/10/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3259904

Applied For

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AHLERS, MARK F E
170 EAST WASHINGTON STREET
~~340 NORTH ORANGE AVENUE~~
ORLANDO FL 32801

81 Name

Ahlers, Mark F E

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

170 East Washington Street

83

84 City

Orlando

FL

85 Zip Code

32801

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 DP
NAME SHAFER, DEBORAH
STREET ADDRESS 1275 PRINCE COURT
CITY-ST-ZIP HEATHROW FL ☐ DELETE

TITLE DVP
NAME SHAFER, JOHN B
STREET ADDRESS 1275 PRINCE COURT
CITY-ST-ZIP HEATHROW FL ☐ DELETE

TITLE DSTO
NAME PERFIDO, JO ANN F
STREET ADDRESS 625 CRICKLEWOOD TERRACE
CITY-ST-ZIP HEATHROW FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T
1.2 NAME Thole, Jerry
1.3 STREET ADDRESS 1400 Shadwell Circle
1.4 CITY-ST-ZIP Heathrow, FL 32746 ☐ Change ☒ Addition

2.1 TITLE T
2.2 NAME Soderstrom, Roger
2.3 STREET ADDRESS 1275 Regency Place
2.4 CITY-ST-ZIP Heathrow, FL 32746 ☐ Change ☒ Addition

3.1 TITLE T
3.2 NAME Sterrett, Thelma.
3.3 STREET ADDRESS 124 Wimbledon Circle
3.4 CITY-ST-ZIP Heathrow, FL 32746 ☐ Change ☒ Addition

4.1 TITLE T
4.2 NAME Landy, William
4.3 STREET ADDRESS 631 Cricklewood Terrace
4.4 CITY-ST-ZIP Heathrow, FL 32746 ☐ Change ☒ Addition

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

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 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:

Deborah Shafer Deborah Shafer

4-29-96

407-333-3136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)