FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400005024 (4)

NORTHSTAR ACADEMY, INC.

Orinolo	of Dio	an of E	Business
THIRD	a Fia	UO UI E	JUSII 1865

Mailing Address

1275 PRINCE COURT HEATHROW FL 32746 1275 PRINCE COURT HEATHROW FL 32746-5301

FILED May 21 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 3a 10/10/1994	Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21				59-3259904	Not Applicable	
		Suite, Apt. #, etc.			_	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State City & State		City & State		****	6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,	
24	25 29 30			Florida Statutes Yes No		
	9. Name and Address of Curren	t Registered Agent		 	10. Name and Address of New Register	red Agent
AHLERS, MARK F E 170 EAST WASHINGTON STREET 340 NORTH ORANGE AVENUE			a	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		
			8			
			L			
			8			
ORLANDO FL 32801		8	4 City		85 Zip Code	
44 D			- N	<u> </u>		FL 69 210 COUG
office or re	egistered agent, or both, in the State	of Florida, Such change was au	s, the abo uthorized i	ve-named cor by the corpora	rporation submits this statement for the purpor ation's board of directors. I hereby accept the	se of changing its registered appointment as registered
	m familiar with, and accept the obliga	ations of, Section 617.0503, Flor	ida Statut	es.	·	
SIGNATURE_	Signature, typed or printed name of registered agei	nl and little if applicable (NOTE:	Ragistered A	nent sinnature reni	ulred when reinstating) DA	TC
12.	OFFICERS AND		13.	gork arginatore requ	ADDITIONS/CHANGES TO OFFICERS	
TITLE	ĎΡ	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	SHAFER, DEBORAH		1.2 NAMI			
STREET ADDRESS	1275 PRINCE COURT		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	HEATHROW FL		1.4 CITY	-ST-ZIP		
TITLE	Ö VP	DELETE	2.1 TITLE			Change Addition
NAME	SHAFER, JOHN B		22 NAM	<u>:</u>		
STREET ADDRESS	1275 PRINCE COURT	1275 PRINCE COURT 235		ET ADDRESS		
CITY-ST-ZIP	HEATHROW FL		2 4 CITY	- ST - ZIP		
TITLE	T	☐ DELETE	31 TITLE			Change Addition
NAME		THOLE, JERRY 321				+
STREET ADDRESS	1400 SHADWELL CIRCLE		3.3 STAE	et address		
CITY-ST-ZIP	HEATHROW FL 32746		3.4. CITY	- ST - ZIP		
TITLE	T	☐ DELETE	4.1 TITLE			Change Addition
NAME	SODERSTROM, ROGER		4. 2 NAM	É		
STREET ADDRESS	1275 REGENCY PLACE		4.3 STRE	ET ADDRESS		İ
CITY-ST-ZIP	HEATHROW FL 32746		4.4 CITY	ST-ZIP		
TITLE	Ţ	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	STERRETT, THELMA		5.2 NAM			as
STREET ADDRESS	124 WIMBLEDON CIRCLE		5.3 STRE	ET ADDRESS		5/21/97
CITY-ST-ZIP	HEATHROW FL 32746		5.4 CITY	ST-ZIP		. 4
TITLE	Ţ	DELETE	6.1 TITLE		4000022011 -06/04/9701091	Change Addition
NAME	LANDY, WILLIAM	_	6.2 NAME		-06/04/9701091	-n30
STREET ADDRESS	631 CRICKLEWOOD TERRACE		6.3 STRE	ET ADDRESS	***61.25	0.00
CITY-ST-ZIP	HEATHROW FL 32748		6.4 CITY	ST-ZIP	4-4-4-01 * E'O	

4. I do 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 exact much with an address.