

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

AHLERS, MARK F E
170 EAST WASHINGTON STREET
340 NORTH ORANGE AVENUE
ORLANDO FL 82801

3. Date Incorporated or Qualified

10/10/1994

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

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

TITLE DVP ☐ DELETE

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

TITLE T ☐ DELETE

NAME THOLE, JERRY
STREET ADDRESS 1400 SHADWELL CIRCLE
CITY-ST-ZIP HEATHROW FL 32746

TITLE T ☐ DELETE

NAME SODERSTROM, ROGER
STREET ADDRESS 1275 REGENCY PLACE
CITY-ST-ZIP HEATHROW FL 32746

TITLE T ☐ DELETE

NAME STERRETT, THELMA
STREET ADDRESS 124 WIMBLEDON CIRCLE
CITY-ST-ZIP HEATHROW FL 32746

TITLE T ☐ DELETE

NAME LANDY, WILLIAM
STREET ADDRESS 631 CRICKLEWOOD TERRACE
CITY-ST-ZIP HEATHROW FL 32746

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-9-98

407-333-3136

CR2E037 (5/98)