

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 # N95000000496 (8)

1. Corporation Name

~~BRANDON WALDORF SCHOOL, INC.~~

ALCOTT SCHOOL, INC. N/C 4-19-96

Principal Place of Business

2508 CLUBHOUSE DRIVE
PLANT CITY FL 33567

Mailing Address

2508 CLUBHOUSE DRIVE
PLANT CITY FL 33567

000001828370

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3. Date Incorporated or Qualified

02/01/1995

3a. Date of Last Report

2. Principal Place of Business

21 1915 Camp Florida Rd.

2a. Mailing Address

26 P.O. Box 1295

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Brandon, FL.

City & State

28 Brandon, FL.

Zip

24 33510

Country

25 USA

Zip

29 33509

Country

30 USA

4. FEI Number

59-3294333

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Mary Ann Uranowski

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

207 Kingsway Rd

83

84 City

Brandon

FL

85 Zip Code

33510

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

M. Uranowski

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/96

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
P URANOWSKI, MARY A
STREET ADDRESS
508 CLUBHOUSE DRIVE
CITY-ST-ZIP
PLANT CITY FL 33567

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
P-President
1.3 STREET ADDRESS
Kelista Sanders/D
2508 Clubhouse Dr.
1.4 CITY-ST-ZIP
Plant City, FL 33567

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
V Julie Baltzell/D
2.3 STREET ADDRESS
3308 Granada Ave
2.4 CITY-ST-ZIP
Tampa FL 33629

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
T Jonathan Salem/D
3.3 STREET ADDRESS
3208 W. Ivy St.
3.4 CITY-ST-ZIP
Tampa, FL 33607

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
S Angela Salem/D
4.3 STREET ADDRESS
3208 W. Ivy St.
4.4 CITY-ST-ZIP
Tampa, FL 33607

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
D Mary Ann Uranowski/D
5.3 STREET ADDRESS
207 Kingsway Rd
5.4 CITY-ST-ZIP
Brandon FL 33510

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
D Barbara Bedingfield/D
6.3 STREET ADDRESS
1122 18th St. SW
6.4 CITY-ST-ZIP
Largo, FL 34640

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:

M. Uranowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

813.684.8540
Daytime Phone #

CR2E037 (12/95)