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Jun 25 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # N95000000496 (8)

1. Corporation Name

ALCOTT SCHOOL, INC.

Principal Place of Business	Mailing Address
1915 CAMP FLORIDA RD. BRANDON FL 33510 US	P.O BOX 1295 BRANDON FL 33509 US

3. Date Incorporated or Qualified: 02/01/1995

4. FEI Number: 59-3294333 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5901 130th AVE E	26 P.O. BOX 291100
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TAMPA, FLA	28 City & State: TAMPA, FL
24 Zip: 33617 25 Country	29 Zip: 33687 30 Country

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
URANOWSKI, MARY ANN 207 KINGSWAY RD. BRANDON FL 33510	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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P, D	☐ Change ☒ Addition
NAME	SANDERS, KELISTA		1.2 NAME	JULIE BALTZELL	
STREET ADDRESS	2508 CLUBHOUSE DR.		1.3 STREET ADDRESS	3308 GRANADA AVE	
CITY-ST-ZIP	PLANT CITY FL 33567		1.4 CITY-ST-ZIP	TAMPA, FLA 33629	
TITLE	T	☐ DELETE	2.1 TITLE	S, D	☐ Change ☒ Addition
NAME	URANOWSKI, MARY ANN		2.2 NAME	SUSAN SAND	
STREET ADDRESS	207 KINGSWAY RD.		2.3 STREET ADDRESS	12903 CINNIMON PL	
CITY-ST-ZIP	BRANDON FL		2.4 CITY-ST-ZIP	TAMPA, FLA 33624	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	LEAR, PAM		3.2 NAME	LINDA LEE MALONE	
STREET ADDRESS	8921 SHALLOW CREEK LANE		3.3 STREET ADDRESS	909 ELM STREET	
CITY-ST-ZIP	RIVERVIEW FL		3.4 CITY-ST-ZIP	SAFETY HARBOR, FLA 34695	
TITLE	D	☒ DELETE	4.1 TITLE	P, D	☒ Change ☐ Addition
NAME	URANOWSKI, MARY ANN		4. 2 NAME	KELISTA SANDERS	
STREET ADDRESS	207 KINGSWAY RD.		4.3 STREET ADDRESS	9908 LONE TREE LANE	
CITY-ST-ZIP	BRANDON FL 33510		4.4 CITY-ST-ZIP	TAMPA, FLA. 33618	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BEDINGFIELD, BARBARA		5.2 NAME		
STREET ADDRESS	1122 18TH ST. SW		5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34640		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: MaryAnn Uranowski 4/29/98 813654-1045