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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000496

1. Corporation Name
ALCOTT SCHOOL, INC.

Principal Place of Business	Mailing Address
5901 130TH AVE E TAMPA FL 33617 US	P. O. BOX 291100 TAMPA FL 33687 US

2. Principal Place of Business 21 7308 E. FOWLER	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/01/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3294333 ☐ Applied For ☐ Not Applicable
City & State 23 TAMPA FLA	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 33617 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SANDERS, KELISTA		1.2 NAME		
STREET ADDRESS	9908 LONE TREE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		1.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	URANOWSKI, MARY ANNE		2.2 NAME	DEBRA HALL	
STREET ADDRESS	207 KINGSWAY RD.		2.3 STREET ADDRESS	18438 STERLING SILVER CIR	
CITY-ST-ZIP	BRANDON FL		2.4 CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VD	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	BALTZELL, JULIE		3.2 NAME	DAVID PULLEN	
STREET ADDRESS	3308 GRANADA AVE		3.3 STREET ADDRESS	802 ANNIE	
CITY-ST-ZIP	TAMPA FL 33629		3.4 CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	SD	☐ DELETE	4.1 TITLE	STD	☑ Change ☐ Addition
NAME	SAND, SUSAN		4.2 NAME		
STREET ADDRESS	12903 CINNIMON PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	MALONE, LINDA LEE		5.2 NAME	REGAN HOEFLE	
STREET ADDRESS	909 ELM ST		5.3 STREET ADDRESS	8912 EAGLE WATCH DR	
CITY-ST-ZIP	SAFETY HARBOR FL 34695		5.4 CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE		☐ DELETE	6.1 TITLE	VD	☐ Change ☑ Addition
NAME			6.2 NAME	CHRISTINE A. DANGER	
STREET ADDRESS			6.3 STREET ADDRESS	1407 W. WOOD ST	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	TAMPA FL 33604	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Kelista Sanders SIGNATURE REQUIRED Kelista Sanders 4-28-99 813-963-0399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #