

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 # N95000000526 (2)
1. Corporation Name

STUDENT AND FAMILY LIFE U.S.A./INTERNATIONAL, IN
C.



Principal Place of Business
6112 DONEGAL DRIVE
ORLANDO FL 32819

Mailing Address
6112 DONEGAL DRIVE
ORLANDO FL 32819

3. Date Incorporated or Qualified
01/30/1995

3a. Date of Last Report

2. Principal Place of Business
21 Same
Suite, Apt. #, etc.
22
City & State
23 Same
Zip
24 Same
Country
25 USA
2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28 Same
Zip
29 Same
Country
30 USA

4. FEL Number
593292754

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
COLLINGSWORTH, J B
6112 DONEGAL DRIVE
ORLANDO FL 32819

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 *J B Collingsworth* (NOTE: Registered Agent's signature required when reinstating) DATE 4-8-96

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	AUSTHOF, LAURIE	
STREET ADDRESS	3358 BROOKWATER CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	DELETE
NAME	CARLTON, FRAN	
STREET ADDRESS	1250 HENRY BLACH DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	DELETE
NAME	COLLINGSWORTH, ANNE L	
STREET ADDRESS	6112 DONEGAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	DELETE
NAME	COLLINGSWORTH, J B REV.	
STREET ADDRESS	6112 DONEGAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	DELETE
NAME	FALLIN, JERRY	
STREET ADDRESS	1216 BUCKWOOD DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	DELETE
NAME	GRIFFIN, DON	
STREET ADDRESS	111 NORTH DRIVE	
CITY-ST-ZIP	WINDERMERE FL 34786	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	Addition
1.2 NAME	Hammond, JEANINE		
1.3 STREET ADDRESS	11330 Winston Willow Ct.		
1.4 CITY-ST-ZIP	Windermere, FL. 34786		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP		Change	Addition
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP		Change	Addition
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP		Change	Addition
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP		Change	Addition
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *J B Collingsworth* DATE 4-8-96 DAYTIME PHONE 407 980-2403

CR2E037 (12/95)