

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 # N95000000591 (6)

1. Corporation Name

THE NEW SCHOOL OF ORLANDO, INC.



Principal Place of Business

Mailing Address

1144 PARK GREEN PLACE
WINTER PARK FL 32789

1144 PARK GREEN PLACE
WINTER PARK FL 32789

826 N. Irma Ave
Orlando, FL 32803

826 N. Irma Ave.
Orlando, FL 32803

2. Principal Place of Business

2a. Mailing Address

21 826 N. Irma Ave

26 826 N. Irma Ave.

3. Date Incorporated or Qualified
02/07/1995

3a. Date of Last Report

4. FEI Number

59-3293425

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

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip

Country

Zip

Country

24 32803

25 Orange

29 32803

30 Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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

TITLE ☐ DELETE

NAME D
SORIN, MORRIS
STREET ADDRESS 1144 PARK GREEN PLACE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ DELETE

NAME D
HALBFINGER, KAREN
STREET ADDRESS 1144 PARK GREEN PLACE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☒ DELETE

NAME D
ASSAEL, TONI
STREET ADDRESS 1144 PARK GREEN PLACE
CITY-ST-ZIP WINTER PARK FL 32789

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 Director
1.3 STREET ADDRESS Sorin, Morris
106 Red Bay Dr.
1.4 CITY-ST-ZIP Longwood, FL 32779

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Director
2.3 STREET ADDRESS Karen Halbfinger Sorin
106 Red Bay Dr.
2.4 CITY-ST-ZIP Longwood, FL 32779

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Director
3.3 STREET ADDRESS Emy Barz
108 Bridgeway Circle
3.4 CITY-ST-ZIP Longwood, FL 32779

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Director
4.3 STREET ADDRESS Zulma Rodriguez
696 Running Bear Court
4.4 CITY-ST-ZIP Winter Springs, FL 32709

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 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:

Morris Sorin - Morris Sorin

4/22/96

(407) 246-0556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/96)