NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N95000001166 (6)

sorporation realite				
EMMA CURTIS	HOPKINS	COLLEGE,	INC.	

Principal Pla	ce of Business	Mailing Address		I HARANIĞI DIQ HARAL DIHIR DOVAN DON	
2465 NURSERY ROAD 2465 NURSERY ROAD					
CLEARWA1	TER FL 34624	CLEARWATER FL 3462	24		
				3. Date Incorporated or Qualified 02/27/1995	3a. Date of Last Report
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3314679	Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State		Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	.
24	25	29	30		Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New I	Registered Agent
			81 Name Pa	TRICIA GERARI	S
WHITA	aker, robert d		82 Street Add	dress (P.O. Box Number is Not Acceptal	
1	NURSERY ROAD		1222.	3 - 12" AVE S.	<i>w</i> .
CLEAR	RWATER FL 34624		83		
			84 City /	060	FL 85 Zip Code 346 40
11 Duranga	at to the provisions of Sections 617.060	12 and 617 1509. Elorida Statut	an the above named cover	PGO	rmose of changing its registered office
or regis	tered agent, or both, in the State of Flor	rida. Such grange was authoriz	ed by the corporation's boa	oration submits this statement for the poard of directors. I hereby accept the app	pointment as registered agent. I am
1		ction 617.0603, Florida Statutes	3.		3/28/96
SIGNATURE	Signature, typed or printed name of registered agor	nt and title if applicable (NC	DTE: Registered Agent signature requir	ed when reinstating) 1001 7 W
12.		ND DIRECTORS	13.		FICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE 7	19	Change 🔀 Addition
NAME	BECK, HELEN M		1.2 NAME 6	ERARD, PATRICIA 533 12th Ave S.	u).
STREET ADDRES			1.3 STREET ADDRESS 2	533 12" Ave 3	0
CITY-ST-ZIP	NEW PORT RICHEY FL 346		1.4 CITY-ST-ZIP	ARGO FL 3464	<u> </u>
TITLE	D	X DELETE	21 TITLE 1	,	Change Al Addition
NAME	BENNETT, LISA		2.2 NAME	HITAKER ROBERT	<i>D</i> .
STREET ADDRES			2.3 STREET ADDRESS 2	465 DURSDRY RS	24.4.24
CITY-ST-ZIP	NEW PORT RICHEY FL 346			LGARWATER FL	34624
TITLE	D D	☐ DELETE	3.1 TITLE		Change Addition
NAME	COE, BEVERLY S		3.2 NAME		
STREET ADDRES			3.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34606	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE NAME	CROWELL, MERRIE R		4. 2 NAME		Change Robition
STREET ADDRES	**** C***** B BB# C		4.3 STREET ADDRESS		
CITY-ST-ZIP	S 1367 FAIRFIELD DRIVE CLEARWATER FL 34624		4.4 CITY-ST-ZIP		
TITLE	D D	DELETE	5.1 TITLE	// // // // // // // // // // // // //	Change Addition
NAME	ELROD, R. BRENT		5.2 NAME		
STREET ADDRES			5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33713	}	5 4 CHTY-ST-ZIP		
TITLE	D	DELETE	61 TITLE		Change Addition
NAME	FASCHING, DARRELL J		62 NAME		
STREET ADDRES			6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		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 in charged, or on an attachment with an address?

SIGNATURE:

3/28/96 (813)893-114/