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Feb 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N95000001166 (6)

1. Corporation Name

EMMA CURTIS HOPKINS COLLEGE, INC.

Principal Place of Business

Mailing Address

2465 NURSERY ROAD  
CLEARWATER FL 34624

2465 NURSERY ROAD  
CLEARWATER FL 34624-2748



3. Date Incorporated or Qualified  
02/27/1995

3a. Date of Last Report  
04/03/1996

4. FEI Number  
59-3314679

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GERARD, PATRICIA  
2533 12TH AVE SW  
LARGO FL 34840

81 Name

PATRICIA GERARD

82 Street Address (P.O. Box Number is Not Acceptable)

2308 SETON LANE

83

84 City

LARGO

FL

85 Zip Code

33274

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 DP ☐ DELETE  
NAME GERARD, PATRICIA  
STREET ADDRESS 2533 12TH AVE SW  
CITY-ST-ZIP LARGO FL

1.1 TITLE DIRECTOR, PRESIDENT ☒ Change ☐ Addition  
1.2 NAME GERARD, PATRICIA  
1.3 STREET ADDRESS 2308 SETON LANE  
1.4 CITY-ST-ZIP LARGO, FL

TITLE D ☐ DELETE  
NAME WHITACKER, ROBERT D  
STREET ADDRESS 2465 NURSERY RD  
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME COE, BEVERLY S  
STREET ADDRESS 8072 GREENBRIER COURT  
CITY-ST-ZIP SPRING HILL FL 34608

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME CROWELL, MERRIE R  
STREET ADDRESS 1367 FAIRFIELD DRIVE  
CITY-ST-ZIP CLEARWATER FL 34624

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME ELROD, R. BRENT  
STREET ADDRESS 3890 24TH AVE. NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33713

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME FASCHING, DARRELL J  
STREET ADDRESS 15811 COTTONTAIL PLACE  
CITY-ST-ZIP TAMPA FL 33624

6.1 TITLE DIRECTOR ☐ Change ☒ Addition  
6.2 NAME HAMMOCK, LEDDY  
6.3 STREET ADDRESS 2465 NURSERY RD  
6.4 CITY-ST-ZIP CLEARWATER, FL

14. I do 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:

PATRICIA S. GERARD 1/28/97 813-893-1893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)