

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002307 (5)

1. Corporation Name

**FLORIDA ASSOCIATION OF INDEPENDENT TEACHING HOME
S, INC.**

Principal Place of Business

1150 N. MILL AVE
BARTOW FL 33830

Mailing Address

1150 N. MILL AVE
BARTOW FL 33830



3. Date Incorporated or Qualified
05/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1150 N. mill Av**

26 **1150 N. mill Av**

4. FEI Number
KH 59-3321311

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **BARTOW FL.**

28 **BARTOW FL.**

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 Zip **33830**

25 Country **POLK**

29 Zip **33830**

30 Country **POLK**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAWSON, JAMES E
1150 N. MILL AVE
BARTOW FL 33830**

81 Name **JAMES LAWSON**
82 Street Address (P.O. Box Number is Not Acceptable)
1150 N. MILL AV
83
84 City **BARTOW FL** 85 Zip Code **33830**

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

James E. Lawson **JAMES LAWSON** **5-1-96**

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 **D** ☐ DELETE
NAME **LAWSON, JAMES E**
STREET ADDRESS **1150 N. MILL AVE**
CITY-ST-ZIP **BARTOW FL 33830**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **LAWSON, RUTH A**
STREET ADDRESS **1150 N. MILL AVE**
CITY-ST-ZIP **BARTOW FL 33830**

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

TITLE **D** ☐ DELETE
NAME **PADGET, RANDY**
STREET ADDRESS **3834 DALE ST**
CITY-ST-ZIP **LAKELAND FL 33813**

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

TITLE **D** ☐ DELETE
NAME **PADGET, ANITA**
STREET ADDRESS **3834 DALE ST**
CITY-ST-ZIP **LAKELAND FL 33813**

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

TITLE **D** ☒ DELETE
NAME **DEJONG, JAMES**
STREET ADDRESS **5426 SOUTHGROVE PLACE**
CITY-ST-ZIP **LAKELAND FL 33813**

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

TITLE **D** ☒ DELETE
NAME **DEJONG, DIANA**
STREET ADDRESS **5426 SOUTHGROVE PLACE**
CITY-ST-ZIP **LAKELAND FL 33813**

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:

James E. Lawson **JAMES LAWSON** **5-1-96** **941-533-2639**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)