

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jul 28 1997 8:00am  
Secretary of State

DOCUMENT # N95000002307 (5)

1. Corporation Name

FLORIDA ASSOCIATION OF INDEPENDENT TEACHING HOME  
S, INC.



Principal Place of Business

Mailing Address

1150 N. MILL AVE  
BARTOW FL 33830

1150 N. MILL AVE  
BARTOW FL 33830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/11/1995

3a. Date of Last Report  
06/03/1996

2. Principal Place of Business

21 2649 mineola Dr.

2a. Mailing Address

26 2649 mineola Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3321311

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

City & State

23 Lakeland FL

City & State

28 Lakeland FL

Zip

24 33801

Country

25 POLK

Zip

29 33801

Country

30 POLK

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ 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)

2649 mineola Dr.

83

84 City

Lakeland

FL

85 Zip Code

33801

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* Director James Lawson

7-21-97

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2649 mineola Dr  
Lakeland FL 33801

TITLE D ☐ DELETE

NAME LAWSON, RUTH A  
STREET ADDRESS 1150 N. MILL AVE  
CITY-ST-ZIP BARTOW FL 33830

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2649 mineola Dr.  
Lakeland FL 33801

TITLE D ☒ DELETE

NAME PADGET, RANDY  
STREET ADDRESS 3834 DALE ST  
CITY-ST-ZIP LAKELAND FL 33813

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

~~James E. Lawson~~ Donald J. Lawson  
2649 mineola Dr  
Lakeland FL 33801

TITLE D ☒ DELETE

NAME PADGET, ANITA  
STREET ADDRESS 3834 DALE ST  
CITY-ST-ZIP LAKELAND FL 33813

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 REQUIRED

7-21-97 941 111-4245

CR2E037 (4/97)