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Apr 03 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 # N95000003245 (6)

1. Corporation Name

GLENHAVEN ACADEMY, INC.



Principal Place of Business

Mailing Address

7281 SUNSHINE GROVE ROAD
SUITE 129
BROOKSVILLE FL 34613
US

4431 LANDOVER BOULEVARD
SPRING HILL FL 34609-2035

3. Date Incorporated or Qualified
07/03/1995

3a. Date of Last Report
03/22/1996

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

4. FEI Number
59-3328210

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, NANCY
4431 LANDOVER BOULEVARD
SPRING HILL FL 34609

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME JOHNSON, NANCY
STREET ADDRESS 4431 LANDOVER BOULEVARD
CITY-ST-ZIP SPRING HILL FL 34609

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

TITLE D ☐ DELETE
NAME TEATES, JULIA
STREET ADDRESS 12252 VERONA STREET
CITY-ST-ZIP SPRING HILL FL

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

TITLE D ☐ DELETE
NAME HUTCHINS, EDNA LAVERNE
STREET ADDRESS 12285 PINE BLUFF STREET
CITY-ST-ZIP SPRING HILL FL 34609

3.1 TITLE PRESIDENT ☒ Change ☐ Addition
3.2 NAME HUTCHINS, EDNA LAVERNE
3.3 STREET ADDRESS 12285 Pine Bluff St.
3.4 CITY-ST-ZIP Spring Hill, FL 34609

TITLE D ☐ DELETE
NAME CARRO, MICHAEL
STREET ADDRESS 3923 PINE LIMBO COURT
CITY-ST-ZIP TAMPA FL

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

TITLE D ☐ DELETE
NAME MOORE, SUSAN
STREET ADDRESS 3907 FLORAMAR TERRACE
CITY-ST-ZIP NEW PORT RICHEY FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME JOANNA GLISSON
6.3 STREET ADDRESS 7153 - Sunnyside Dr.
6.4 CITY-ST-ZIP Brooksville, FL 34601

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:

Nancy Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-97 597-1155
Date Daytime Phone # 0000505

CR2E037 (9/96)