

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N95000003245 (6)

1. Corporation Name

GLENHAVEN ACADEMY, INC.

FILED
Apr 24 1998 8:00am
Secretary of State



| | | | |
|--|------------------------|--|------------------------|
| Principal Place of Business | | Mailing Address | |
| 7281 SUNSHINE GROVE ROAD SUITE 129 BROOKSVILLE FL 34613 US | | 4431 LANDOVER BOULEVARD SPRING HILL FL 34699 | |
| 2. Principal Place of Business 21 12577 Spring Hill Dr., Suite, Apt. #, etc. | | 2a. Mailing Address 26 4213 Mariner Blvd Suite, Apt. #, etc. | |
| 22 City & State 23 Spring Hill, FL | | 27 # 259 City & State 28 Spring Hill, FL | |
| Zip 24 34609 | Country 25 Hernando | Zip 29 34609 | Country 30 Hernando |
| 9. Name and Address of Current Registered Agent JOHNSON, NANCY 4431 LANDOVER BOULEVARD SPRING HILL FL 34699 | | 10. Name and Address of New Registered Agent | |
| | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | 85 Zip Code FL |

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 NAME STREET ADDRESS CITY-ST-ZIP | D JOHNSON, NANCY 4431 LANDOVER BOULEVARD SPRING HILL FL 34699 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TEATES, JULIA 12252 VERONA STREET SPRING HILL FL | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HUTCHINS, EDNA LAVERNE 12265 PINE BLUFF STREET SPRING HILL FL | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARRO, MICHAEL 3923 PINE LIMBO COURT TAMPA FL | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Yvonne DeCoteau 16267 - martha Rd Brooksville, FL 34609 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOORE, SUSAN 3907 FLORAMAR TERRACE NEW PORT RICHEY FL | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Darlene Franchi 10435 Tassel Street Spring Hill, FL 34608 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GLISSON, JOANNA 7153 SUNNYSIDE DR BROOKSVILLE FL | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I 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*

3-26-98 352-683-3789

CR2E037 (10/97)