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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003245

1. Corporation Name

GLENHAVEN ACADEMY, INC.

Principal Place of Business

12577 SPRING HILL DRIVE  
SPRING HILL FL 34609  
US

Mailing Address

4213 MARINER BLVD  
#259  
SPRING HILL FL 34609  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

07/03/1995

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

9. Name and Address of Current Registered Agent

JOHNSON, NANCY  
4431 LANDOVER BOULEVARD  
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

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

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

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

TITLE P  
NAME HUTCHINS, EDNA LAVERNE  
STREET ADDRESS 12285 PINE BLUFF STREET  
CITY-ST-ZIP SPRING HILL FL

TITLE D  
NAME DECOTEAU, YVONNE  
STREET ADDRESS 16267 MARTHA RD  
CITY-ST-ZIP BROOKSVILLE FL 34609

TITLE D  
NAME FRANCHI, DARLENE  
STREET ADDRESS 10435 TASSEL STREET  
CITY-ST-ZIP SPRING HILL FL 34608

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Sisco, Danita  
1.3 STREET ADDRESS 6249 - Newmark St.  
1.4 CITY-ST-ZIP Spring Hill, FL 34606

2.1 TITLE D  
2.2 NAME Lynch, Judy  
2.3 STREET ADDRESS 9236 Northcliff Blvd.  
2.4 CITY-ST-ZIP Spring Hill, FL 34606

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

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

3-11-99

Date

352-686-1134

Daytime Phone #

CR2E037 (1/98)