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Jun 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 # N96000003012 (9)

1. Corporation Name

THE CENTER FOR EDUCATION AND ARTS, INC.



Principal Place of Business

Mailing Address

11156 LOKANOTOSA TRAIL  
ORLANDO FL 32817

11156 LOKANOTOSA TRAIL  
ORLANDO FL 32817-3003

3. Date Incorporated or Qualified  
06/03/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 10376 E. Adonia / 0

Suite, Apt. #, etc.

22 108

City & State

23 Orlando FL

Zip

24 32817

Country

25 USA

26

27

28

29

30

4. FEI Number

59-3384038

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$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

N. W. BAYES, INC.  
248 CLEMENS CT  
ORLANDO FL 32828

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 ☐ DELETE  
NAME Beverly Evans  
STREET ADDRESS 11156 Lokanotosa Tr.  
CITY-ST-ZIP Orlando FL 32817

TITLE ☐ DELETE  
NAME Director of Operations  
STREET ADDRESS Tegryn B. Evans  
CITY-ST-ZIP 1156 Lokanotosa Tr  
Orlando, FL 32817

TITLE ☐ DELETE  
NAME Director of Finance  
STREET ADDRESS Norman W. Bayes  
CITY-ST-ZIP 248 Clemens Ct  
Orlando, FL 32828

TITLE ☐ DELETE  
NAME Director of Training  
STREET ADDRESS Clifford Black  
CITY-ST-ZIP 120 Razzabill Ct  
Orlando, FL 32828

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

4/5/97

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CR2E037 (9/96)