

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

APPROVED  
AND  
FILED

98 OCT 23 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



0002966

DOCUMENT # N96000003012 (9)

1. Corporation Name

THE CENTER FOR EDUCATION AND ARTS, INC.

Principal Place of Business

Mailing Address

10376 E. COLONIAL DR  
108  
ORLANDO FL 32817  
US

11156 LOKANOTOSA TRAIL  
ORLANDO FL 32817

3. Date Incorporated or Qualified

06/03/1996

4. FEI Number

59-3384038

Applied For

Not Applicable

2. Principal Place of Business

21 14365 E. Colonial Dr

Suite, Apt. #, etc.

22 1-A

City & State

23 Orlando, FL

Zip

24 32826

Country

25 USA

26 Mailing Address

26 P.O. Box 678251

Suite, Apt. #, etc.

27 Orlando

City & State

28 FL

Zip

29 32867

Country

30 USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

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

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

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 P ☐ DELETE

NAME EVANS, BEVERLY  
STREET ADDRESS 11156 LOKANOTOSA TR  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME EVANS, TEGWYN  
STREET ADDRESS 11156 LOKANOTOSA TR  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME BAYES, NORMAN W  
STREET ADDRESS 248 CLEMENS CT  
CITY-ST-ZIP ORLANDO FL

TITLE DOT ☒ DELETE

NAME BLACK, CLIFFORD  
STREET ADDRESS 120 ROZARBILL CT  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME Donald H. Jordan  
STREET ADDRESS 6464 Main St  
CITY-ST-ZIP Or. FL 32807

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

100002674911--8  
-10/28/98-01083-030  
\*\*\*70.00 ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)