

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 OCT 28 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004219 (9)
1. Corporation Name

THE APPLE SCHOOL, INC.

Principal Place of Business

Mailing Address

3425 New Jersey Rd
Lakeland, FL 33803

3425 New Jersey Rd
Lakeland, FL 33803

Date Incorporated or Qualified
08/08/1996

4. FEI Number

Applied For

59-3394736

Not Applicable

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

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

10. Name and Address of New Registered Agent

Dennis P. Todd
4815 E busch Blvd Suite 208-B
Tampa, fl 33617

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 617.1509, 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

10-21-98

12. OFFICERS AND DIRECTORS

TITLE	DPS	XX DELETE
NAME	Harris, Brenda MD	
STREET ADDRESS	1829 E Elm Road	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	VTD	XX DELETE
NAME	Harris, Ralph	
STREET ADDRESS	1829 E Elm Road	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	D	XX DELETE
NAME	Higgenbotham, Martin	
STREET ADDRESS	1666 Williamsburg Square	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	D	XX DELETE
NAME	Todd, dennis P	
STREET ADDRESS	4815 E Busch Blvd, Suite 208-B	
CITY-ST-ZIP	Tampa, FL 33617	X
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Todd, Dennis P	
13 STREET ADDRESS	4815 e busch Blvd Suite 208-B	
14 CITY-ST-ZIP	Tampa, fl 33617	
21 TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Githens, Steve	
23 STREET ADDRESS	1212 George Jenkins Blvd	
24 CITY-ST-ZIP	Lakeland, FL 33815	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Lague, Nancy	
33 STREET ADDRESS	124 Griffin avenue	
34 CITY-ST-ZIP	Lakeland, FL 33801	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Hewitt, Michell	
43 STREET ADDRESS	1260 Golfview Avenue	
44 CITY-ST-ZIP	Bartow, FL 33830	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Gibson, Clyde	
53 STREET ADDRESS	P.O. box 1543, NA	
54 CITY-ST-ZIP	Bartow, FL 33830	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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:

Dennis P. Todd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-21-98 P13 988-1809

CR2E037 (10/97)