


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N97000000836 (3)

1. Corporation Name

WIND CANYON (EDUCATION), INC.

Principal Place of Business

Mailing Address

440 WINDLAKE COURT
NICEVILLE FL 32578

PO BOX 1445
NICEVILLE FL 32588

3. Date Incorporated or Qualified

01/13/1997

4. FEI Number

59-3427189

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1023 STEPHEN DRIVE

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

City & State

23 NICEVILLE, FL

28 City & State

Zip

Country

Zip

Country

24 32578

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAOUITH, GEORGE
110 WINDLAKE COURT
NICEVILLE FL 32578

ADDRESS
CHANGE ONLY

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1023 STEPHEN DRIVE

84 City NICEVILLE

FL

85 Zip Code 32578

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

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DIRECTOR
GEORGE JAOUITH
1023 STEPHEN DRIVE
NICEVILLE, FL 32578

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

DIRECTOR
HENRY M. HOLLEN
14 ALPINE DRIVE
RANDOLPH, NJ 07869-4801

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

DIRECTOR
ALAN ABEL
166 LOLA CIRCLE
DEFTIN, FL 32541

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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:

1-12-98

95-719-111

CR2E037 (10/97)