

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90282 002 ****61.25

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1. Corporation Name

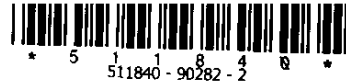
WIND CANYON (EDUCATION), INC.

Principal Place of Business

1023 STEPHEN DRIVE
NICEVILLE FL 32578
US

Mailing Address

PO BOX 1445
NICEVILLE FL 32588



2. Principal Place of Business

21 1210 WINAWARD CIRCLE

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

01/13/1997

4. FEI Number

59-3427189

Applied For

Not Applicable

22 City & State

23 NICEVILLE FL

27 City & State

28

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 Zip

25 32578

Country

26 32588

29 Zip

30

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAQUITH, GEORGE
1023 STEPHEN DRIVE
NICEVILLE FL 32578

1210 WINAWARD CIRCLE

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 JAQUITH, GEORGE
STREET ADDRESS 1023 STEPHEN DRIVE
CITY-ST-ZIP NICEVILLE FL 32578

DELETE

TITLE D
NAME HOLDEN, HENRY M
STREET ADDRESS 14 ALPHINE DRIVE
CITY-ST-ZIP RANDOLPH NJ 07869

DELETE

TITLE D
NAME ABEL, ALAN
STREET ADDRESS 166 LOLA CIR
CITY-ST-ZIP DESTIN FL 32541

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Change

Addition

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

Change

Addition

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

Change

Addition

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

Change

Addition

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

Change

Addition

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

Change

Addition

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:

SIGNATURE REQUIRED JAQUITH

4-29-99

850-729-1111

Date

Daytime Phone #

CR2E037 (11/98)