

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 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 # **N97000002381 (8)**

1. Corporation Name

GENEVA ACADEMY OF DELAND, INC.



Principal Place of Business 811 ORANGE CAMP ROAD DELAND FL 32724	Mailing Address 811 ORANGE CAMP ROAD DELAND FL 32724
--	--

3. Date Incorporated or Qualified

04/28/1997

4. FEI Number

59-3444642

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

**BAUER, KIRK T
223 S. WOODLAND BLVD.
DELAND FL 32720**

10. Name and Address of New Registered Agent

81 Name

Titecomb, Kent

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

401 Jackson Avenue

83

84 City

DeLand

FL

85 Zip Code

32724

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 617.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

KENT TITCOMB

4/28/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President - P

☐ Change

☐ Addition

1.2 NAME

Titecomb, Kent

1.3 STREET ADDRESS

401 Jackson Ave.

1.4 CITY-ST-ZIP

DeLand, FL 32724

2.1 TITLE

Vice President - V

☐ Change

☐ Addition

2.2 NAME

Wilson, John

2.3 STREET ADDRESS

402 Cinnamon Circle

2.4 CITY-ST-ZIP

DeLand, FL 32724

3.1 TITLE

Secretary/Treasurer - S/T

☐ Change

☐ Addition

3.2 NAME

Dion, Jayne

3.3 STREET ADDRESS

3271 Eagle Rock Trail

3.4 CITY-ST-ZIP

DeLand, FL 32724

4.1 TITLE

Director - D

☐ Change

☐ Addition

4.2 NAME

Boz Tchividjian

4.3 STREET ADDRESS

502 Gordon Ct.

4.4 CITY-ST-ZIP

DeLand, FL 32720

5.1 TITLE

Director - D

☐ Change

☐ Addition

5.2 NAME

William Andrews

5.3 STREET ADDRESS

480 E. University

5.4 CITY-ST-ZIP

DeLand, FL 32724

6.1 TITLE

☐ Change

☐ Addition

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:

Kent Titecomb

KENT TITCOMB

4/28/98

(904)

738-7670

CR2E037 (10/97)