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FILED  
Apr 29 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 # N97000002808 (0)

1. Corporation Name

VIRTUAL ACADEMY OF FLORIDA, INC.



Principal Place of Business

Mailing Address

P O BOX 36261  
PENSACOLA FL 32518-6261

P O BOX 36261  
PENSACOLA FL 32518-6261

3. Date Incorporated or Qualified

05/16/1997

4. FEI Number

593450249

Applied For

Not Applicable

2. Principal Place of Business

21 185 W. Airport BL

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Pensacola, FL

City & State

28 "

Zip

24 32505

Country

25 USA

Zip

29

Country

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

COHEN, JOEL M

248 S ALONIZ STREET  
PENSACOLA FL 32501

81 Name

Janus Freeman

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

2616 SHERMAN AV.

83

P.O. Box 4602

84

City Pensacola

FL

85

Zip Code 32507

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 PD  
NAME CATES, V.L.  
STREET ADDRESS 2012 E HERNANDEZ  
CITY-ST-ZIP ST PENSACOLA FL 32503

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

TITLE VD  
NAME SANDERS, ELLEN  
STREET ADDRESS 201 RUBY AVE  
CITY-ST-ZIP PENSACOLA FL 32505

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

TITLE SD  
NAME FREEMAN, JANUS  
STREET ADDRESS 2616 SHERMAN AVE, PO BOX 4602  
CITY-ST-ZIP PENSACOLA FL 32507

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

TITLE TD  
NAME BLANTON, M.K.  
STREET ADDRESS 8923 S GULF MANOR, PO BOX 7573  
CITY-ST-ZIP PENSACOLA FL 32526

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
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:

Janus Freeman

01/16/98

189/455-7122

CR2E037 (10/97)