


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
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DOCUMENT # N97000003146 (4)

1. Corporation Name

INDEPENDENCE SCHOOL, INC.



Principal Place of Business	Mailing Address
4110 NW 35 STREET GAINESVILLE FL 32605	4110 NW 35 STREET GAINESVILLE FL 32605

3. Date Incorporated or Qualified	05/29/1997
4. FEI Number	59-3450418
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 6329 SW 13th St.	26 6329 SW 13th St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Gainesville FL	28 Gainesville FL
24 32608 25 USA	29 32608 30 USA

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
CURRY, ROBERTA 4110 NW 35 STREET GAINESVILLE FL 32605	

10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	President
STREET ADDRESS		1.3 STREET ADDRESS	Roberta Curry "D"
CITY-ST-ZIP		1.4 CITY-ST-ZIP	4110 NW 35th St. Gainesville, FL 32605
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	V. President
STREET ADDRESS		2.3 STREET ADDRESS	Douglas Butler "D"
CITY-ST-ZIP		2.4 CITY-ST-ZIP	532 SE 5th Ave Melrose, FL 32666
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Secretary / Treasurer
STREET ADDRESS		3.3 STREET ADDRESS	Tamara Romaine "D"
CITY-ST-ZIP		3.4 CITY-ST-ZIP	215 NW 15th St Newberry, FL 32669
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Patricia Andrews Directors "D"
STREET ADDRESS		4.3 STREET ADDRESS	2915 NW 23rd Dr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Tamara Romaine 4-30-98 3523819775

CR2E037 (10/97)