

FILE NOW: FILING FEE IS \$61.25

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90053 005 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N97000004627

1. Corporation Name

THE HENRY T. HEALD CENTER FOR EDUCATIONAL ADVANCEMENT, INC.

Principal Place of Business

5728 MAJOR BLVD.  
SUITE 266  
ORLANDO FL 32819

Mailing Address

5728 MAJOR BLVD.  
SUITE 266  
ORLANDO FL 32819

465992 - 90053 - 5



2. Principal Place of Business

21 1133 LOUISIANA AVE

Suite, Apt. #, etc.

22 200

City & State

23 WINTER PARK FL

24 32789 25 USA

2a. Mailing Address

26 1133 LOUISIANA AVE

Suite, Apt. #, etc.

27 200

City & State

28 WINTER PARK FL

29 32789 30 USA

3. Date Incorporated or Qualified

08/14/1997

4. FEI Number

59-3463132

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MANHIRE, JOHN T JR.  
5728 MAJOR BLVD.  
SUITE 266  
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

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

1133 LOUISIANA AVE

83 STE 200

84 City

WINTER PARK

FL

85 Zip Code

32789

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 MANHIRE, JOHN T  
STREET ADDRESS 5728 MAJOR BLVD., SUITE 266  
CITY-ST-ZIP ORLANDO FL 32819

TITLE D  
NAME SPANGLER, D. PORTER  
STREET ADDRESS 5728 MAJOR BLVD., SUITE 266  
CITY-ST-ZIP ORLANDO FL 32819

TITLE D  
NAME SPANGLER, JOHN E  
STREET ADDRESS 5728 MAJOR BLVD., SUITE 266  
CITY-ST-ZIP ORLANDO FL 32819

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 1133 LOUISIANA AVE, 200  
1.4 CITY-ST-ZIP WINTER PARK FL 32789

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 1133 LOUISIANA AVE, #200  
2.4 CITY-ST-ZIP WINTER PARK FL 32789

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 1133 LOUISIANA AVE, #200  
3.4 CITY-ST-ZIP WINTER PARK, FL 32789

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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, with all other like empowered.

SIGNATURE:

John T. Manhire, John T. Manhire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

407-539-1007

Daytime Phone #

CR2E037 (11/98)