


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 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 # **N97000006824 (3)**

1. Corporation Name

COMMUNITY HIGH SCHOOL OF NORTH TAMPA, INC.



Principal Place of Business	Mailing Address
3000 NATIONSBANK PLAZA 400 NORTH ASHLEY DRIVE TAMPA FL 33602	3000 NATIONSBANK PLAZA 400 NORTH ASHLEY DRIVE TAMPA FL 33602

3. Date Incorporated or Qualified

12/05/1997

4. FEI Number

59-3483935

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

26

27

28

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$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

**SOLOMON, STANFORD R
3000 NATIONSBANK PLAZA
400 NORTH ASHLEY DRIVE
TAMPA FL 33602**

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	<input type="checkbox"/> DELETE
NAME	BEKHOR, DAVID	
STREET ADDRESS	3505 BERGER ROAD	
CITY-ST-ZIP	LUTZ FL 33549	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FELLER, KAREN	
STREET ADDRESS	5012 BARROWE DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PIERSTEIN, PATRICIA	
STREET ADDRESS	1612 BEACHWAY LANE	
CITY-ST-ZIP	ODESSA FL 33624	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GENTNER, KATHY	
STREET ADDRESS	12606 CASEY ROAD	
CITY-ST-ZIP	TAMPA FL 33624	

TITLE	D	<input type="checkbox"/> DELETE
NAME	NEPON-SIXT, JANICE	
STREET ADDRESS	4702 ROSEBERRY LANE	
CITY-ST-ZIP	TAMPA FL 33624	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIPPLE, PAM	
STREET ADDRESS	12015 ORANGE GROVE DRIVE	
CITY-ST-ZIP	TAMPA FL 33618	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Corbett, Cornelia	
1.3 STREET ADDRESS	1043 Guisando Drive	
1.4 CITY-ST-ZIP	Tampa, Florida 33613	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Davies, Bruce	
2.3 STREET ADDRESS	Sterling International Technologies	
2.4 CITY-ST-ZIP	3102 Cherry Palm Drive Tampa, Florida 33619	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Fox, Allan	
3.3 STREET ADDRESS	13928 Pepperrell Drive	
3.4 CITY-ST-ZIP	Tampa, Florida 33624	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hagenau, Paul	
4.3 STREET ADDRESS	P.O. Box 2245 N/A	
4.4 CITY-ST-ZIP	Lutz, Florida 33548 N/A	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kanter, Mary	
5.3 STREET ADDRESS	Carrollwood Day School	
5.4 CITY-ST-ZIP	19521 Michigan Avenue Odessa, Florida 33556	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Morris, Judy	
6.3 STREET ADDRESS	18609 Geraci Road	
6.4 CITY-ST-ZIP	Lutz, Florida 33549	

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: *[Signature]* **STAN FORT** **SECRETARY OF STATE** **FLORIDA** **12/05/1997** **(813) 225-1000**

CR2E037 (10/97)

Addendum to
Document # N97000006824 (3)
Nonprofit Corporation Annual Report
1998

Community High School of North Tampa, Inc.

13. Additions/Changes to Officers and Directors in 12

7.1	Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
7.2	Name	Solomon, Stanford R.	
7.3	Street Address	3000 NationsBank Plaza	
7.4	City-St-Zip	400 N. Ashley Drive Tampa, Florida 33602	
8.1	Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
8.2	Name	Sullivan, Robert	
8.3	Street Address	Academy at the Lakes	
8.4	City-St-Zip	2220 Collier Parkway Land O'Lakes, Florida 34639	
9.1	Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
9.2	Name	Wendlek, Richard	
9.3	Street Address	Academy at the Lakes	
9.4	City-St-Zip	2220 Collier Parkway Land O'Lakes, Florida 34639	
10.1	Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10.2	Name	White, Don	
10.3	Street Address	18417 Bittern Avenue	
10.4	City-St-Zip	Lutz, Florida 33549	
11.1	Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11.2	Name	Kanter, Sue	
11.3	Street Address	Carrollwood Day School	
11.4	City-St-Zip	19521 Michigan Avenue Odessa, Florida 33556	