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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N97000006824

1. Corporation Name

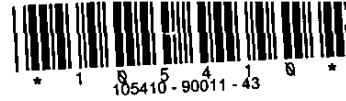
COMMUNITY HIGH SCHOOL OF NORTH TAMPA, INC.

Principal Place of Business

3000 NATIONSBANK PLAZA
400 NORTH ASHLEY DRIVE
TAMPA FL 33602

Mailing Address

3000 NATIONSBANK PLAZA
400 NORTH ASHLEY DRIVE
TAMPA FL 33602



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/05/1997

4. FEI Number

59-3483935

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

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

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

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 ☐ DELETE
NAME BEKHOR, DAVID
STREET ADDRESS 3505 BERGER ROAD
CITY-ST-ZIP LUTZ FL 33549

TITLE D ☐ DELETE
NAME FELLER, KAREN
STREET ADDRESS 5012 BAROWE DRIVE
CITY-ST-ZIP TAMPA FL 33624

TITLE D ☒ DELETE
NAME FIERSTEIN, PATRICIA
STREET ADDRESS 1612 BEACHWAY LANE
CITY-ST-ZIP ODESSA FL 33624

TITLE D ☒ DELETE
NAME GENTNER, KATHY
STREET ADDRESS 12606 CASEY ROAD
CITY-ST-ZIP TAMPA FL 33624

TITLE D ☐ DELETE
NAME NEPON-SIXT, JANICE
STREET ADDRESS 4702 ROSEBERRY LANE
CITY-ST-ZIP TAMPA FL 33624

TITLE D ☒ DELETE
NAME MORRIS, JUDY
STREET ADDRESS 18609 GERACI ROAD
CITY-ST-ZIP LUTZ FL 33549

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME FOX, Allan
1.3 STREET ADDRESS 13928 Pepperrell Drive
1.4 CITY-ST-ZIP TAMPA, FLORIDA 33624

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Hagenau, Paul
2.3 STREET ADDRESS 2220 Collier Parkway
2.4 CITY-ST-ZIP Land O'Lakes, Florida 34639

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Wendler, Richard
3.3 STREET ADDRESS 2220 Collier Parkway
3.4 CITY-ST-ZIP Land O'Lakes, Florida 34639

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)