

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006958 (9)

1. Corporation Name

CRESTWELL HIGHER LEARNING PRIVATE SCHOOL, INC.

Principal Place of Business

Mailing Address

8140 COLLEGE PARKWAY
FORT MYERS FL 33919

8140 COLLEGE PARKWAY
FORT MYERS FL 33919

3. Date Incorporated or Qualified

12/15/1997

4. FEI Number

65-0799880

Applied For

Not Applicable

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

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

BUTTERFIELD, CINDY
8140 COLLEGE PARKWAY
FORT MYERS FL 33919

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 PS0 ☐ DELETE

NAME BUTTERFIELD, CINDY

STREET ADDRESS 769 VINCA WAY

CITY-ST-ZIP SANDEL FL 33957

TITLE VP ☐ DELETE

NAME ROMERO, CHRISTINE

STREET ADDRESS 8140 COLLEGE PARKWAY

CITY-ST-ZIP FORT MYERS FL 33919

TITLE T ☐ DELETE

NAME HURLOCK, JEAN

STREET ADDRESS 8140 COLLEGE PARKWAY

CITY-ST-ZIP FORT MYERS FL 33919

TITLE D ☐ DELETE

NAME BELLEW, MARCIA

STREET ADDRESS 5219 S.W. 10TH AVENUE

CITY-ST-ZIP CAPE CORAL FL 33914

TITLE D ☐ DELETE

NAME HOWARD, ANN

STREET ADDRESS 11528 WIGHTMAN LANE

CITY-ST-ZIP CAPTIVA FL 33927

TITLE D ☐ DELETE

NAME KHEMKHAJON, NOPADOL

STREET ADDRESS 769 VINCA WAY

CITY-ST-ZIP SANDEL FL 33957

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME

BELLEW, JOHN

1.3 STREET ADDRESS

5213 SW 10TH AVENUE

1.4 CITY-ST-ZIP

CAPE CORAL, FL 33914

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/98

Date

941-481-4478

Daytime Phone #

CR2E037 (5/98)

FILED
Jul 09 1998 8:00am⁸
Secretary of State

