

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

99 JUL 30 AM 9:00

FLORIDA DEPARTMENT OF STATE
3011 GULF BLVD., SUITE 1000
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # N98000000800

1. Corporation Name

REGIONAL INDEPENDENT SECONDARY SCHOOL INC.

Principal Place of Business

3601 S.E. OCEAN BOULEVARD #201
STUART FL 34996

Mailing Address

3601 S.E. OCEAN BOULEVARD #201
STUART FL 34996



5/17/99 90099 09 \$61.25

2. Principal Place of Business

2a. Mailing Address

21 3733 SE DOUBLETEN DR

26 3733 SE DOUBLETEN DRIVE

3. Date Incorporated or Qualified

02/11/1998

4. FEI Number

65-0881863

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

10. Name and Address of New Registered Agent

FERRARO, SAMIA M
3601 S.E. OCEAN BOULEVARD #201
STUART FL 34996

81 Name

S. RICHARD SZCZEPANIK

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

3733 SE DOUBLETEN DRIVE

83

84 City

STUART

FL

85 Zip Code

34997

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/12/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BEHL, BARBARA M
STREET ADDRESS 10218 SE BANYAN WAY
CITY-ST-ZIP TEQUESTA FL 33469

1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME Stephen L. Karr
1.3 STREET ADDRESS 1 Palapa Way
1.4 CITY-ST-ZIP Stuart FL 34996

TITLE D ☒ DELETE
NAME FERRARO, SAMIA M
STREET ADDRESS 40 SE ST. LUCIE BLVD.
CITY-ST-ZIP STUART FL 34996

2.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME Dawson C. Glover III
2.3 STREET ADDRESS 16 Riverview Dr.
2.4 CITY-ST-ZIP Stuart FL 34996

TITLE D ☐ DELETE
NAME MARTYN, DEBORAH
STREET ADDRESS POST OFFICE BOX 3765
CITY-ST-ZIP TEQUESTA FL 33469

3.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME Jaqueline Picao
3.3 STREET ADDRESS 2 St. Lucia Ct.
3.4 CITY-ST-ZIP Stuart FL 34996

TITLE D ☐ DELETE
NAME PRISCO, JEFFREY M
STREET ADDRESS 3702 SE DOUBLETEN DRIVE
CITY-ST-ZIP STUART FL 34997

4.1 TITLE Chairman/Director ☒ Change ☐ Addition
4.2 NAME Jeffrey M. Prisco
4.3 STREET ADDRESS 3702 SE Doubleton Dr
4.4 CITY-ST-ZIP Stuart FL 34997

TITLE D ☐ DELETE
NAME RAYNOR, JEFFREY S
STREET ADDRESS 14155 U.S. HIGHWAY ONE #304
CITY-ST-ZIP JUNO BEACH FL 33408-1499

5.1 TITLE Director ☐ Change ☒ Addition
5.2 NAME Adrian W. Reed
5.3 STREET ADDRESS 11844 Old Dixie Hwy
5.4 CITY-ST-ZIP Hobe Sound FL 33455

TITLE D ☐ DELETE
NAME SZCZEPANIK, S R
STREET ADDRESS 1 RIVER CREST COURT
CITY-ST-ZIP STUART FL 34996

6.1 TITLE Treasurer ☒ Change ☐ Addition
6.2 NAME S. Richard Szczepanik
6.3 STREET ADDRESS 3733 S.E. Doubleton Dr
6.4 CITY-ST-ZIP Stuart FL 34997

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 checked, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/99

561-220-1689

CR2E037 (5/99)