


FILE NOW: FILING FEE IS \$61.25

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Mar 03, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003615					
1. Corporation Name SHAMA SCHOOL OF PRECEPTS, INC.					
Principal Place of Business 20945 SHADY GROVE RD. GROVELAND FL 34736			Mailing Address 20945 SHADY GROVE RD. GROVELAND FL 34736		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P.O. Box 246		06/18/1998	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 Center Hill, FL		Applied For	
24 Country		29 33514		Not Applicable	
		30 Sumter		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, HELEN 20945 SHADY GROVE RD. GROVELAND FL 34736				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE D <input type="checkbox"/> DELETE NAME JOHNSON, CLIFFORD STREET ADDRESS 20945 SHADY GROVE RD. CITY-ST-ZIP GROVELAND FL 34736				1.1 TITLE P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE D <input type="checkbox"/> DELETE NAME JOHNSON, HELEN STREET ADDRESS 20945 SHADY GROVE RD. CITY-ST-ZIP GROVELAND FL 34736				2.1 TITLE V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE D <input type="checkbox"/> DELETE NAME O'HAGAN, GLORIA STREET ADDRESS 20945 SHADY GROVE RD. CITY-ST-ZIP GROVELAND FL 34736				3.1 TITLE D/Ts <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 20835 Shady Grove Rd. 3.4 CITY-ST-ZIP Groveland, FL 34736			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: *Helen Johnson* **Helen Johnson** 1-18-99 352-787-7136
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)