

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1999-2000



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

APPROVED
AND
FILED

00 FEB 24 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N98000006404*

1. Corporation Name

SAGO Palm Educational Academy, Inc.

Principal Place of Business

3411 N 29th Street
Tampa, Florida 33605

Mailing Address

3411 N 29th Street
Tampa, Florida 33605

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

November, 1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

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

Derlyn Roberts
3411 N 29th Street
Tampa, Florida 33605

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME Frederick L. Porter

1.2 NAME

STREET ADDRESS 1733 Greenridge Road

1.3 STREET ADDRESS

CITY-ST-ZIP Tampa, Florida 33619

1.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME Charles D. Gunn Sr.

2.2 NAME

STREET ADDRESS 11204 Thicket Court

2.3 STREET ADDRESS

CITY-ST-ZIP Tampa, Florida 33624

2.4 CITY-ST-ZIP

TITLE DS ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME Rachel Y. Gunn

3.2 NAME

STREET ADDRESS 11204 Thicket Court

3.3 STREET ADDRESS

CITY-ST-ZIP Tampa, Florida 33624

3.4 CITY-ST-ZIP

TITLE DT ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME Derlyn Roberts

4.2 NAME

STREET ADDRESS 3411 N 29th Street

4.3 STREET ADDRESS

CITY-ST-ZIP Tampa, Florida 33605

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption state 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 #

CR2F037 (11/98)