

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P94000010469 (2)**

1. Corporation Name

**CHARTERED COURSES, INC.**



Principal Place of Business

**9604 CORTEZ RD.  
44TH AVE. WEST UNIT 126  
BRADENTON FL 34209**

Mailing Address

**9604 CORTEZ RD.  
44TH AVE. WEST UNIT 126  
BRADENTON FL 34209**

2. Principal Place of Business

2a. Mailing Address

21 **9604 CORTEZ RD.**

26 **9604 CORTEZ RD.**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 **Unit 126**

27 **126**

23 City & State

28 City & State

23 **BRADENTON FL**

28 **BRADENTON FL**

24 Zip

29 Zip

24 **34210**

29 **34210**

Country

Country

25 **FLORIDA**

30 **FLORIDA**

9. Name and Address of Current Registered Agent

**MR. & MRS. ADRICK HOLT  
9604 CORTEZ RD.  
44TH AVE. W. UNIT 126  
BRADENTON FL 34209**

3. Date Incorporated or Certified  
**02/03/1994**

3a. Date of Last Report  
**05/01/1995**

4. FET Number  
**65-0469530**

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**

8. This corporation has liability for intangible tax under s. 193.032,  
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address, P.O. Box Number (Not Applicable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(2), 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. Thereafter, the department as registered agent, I am familiar with, and accept the obligations of, Section 607.01(2)(b), Florida Statutes.

SIGNATURE

*[Signature]*

**4-1-96**

12. OFFICERS AND DIRECTORS

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | 0                               | <input type="checkbox"/> DELETE |
| NAME           | <b>HOLT, SHERI R</b>            |                                 |
| STREET ADDRESS | <b>9604 CORTEZ RD. UNIT 126</b> |                                 |
| CITY, ST, ZIP  | <b>BRADENTON FL 34209</b>       |                                 |
| TITLE          | VP                              | <input type="checkbox"/> DELETE |
| NAME           | <b>HOLT, ADRICK L</b>           |                                 |
| STREET ADDRESS | <b>9604 CORTEZ RD. UNIT 126</b> |                                 |
| CITY, ST, ZIP  | <b>BRADENTON FL 34209</b>       |                                 |
| TITLE          |                                 | <input type="checkbox"/> DELETE |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY, ST, ZIP  |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> DELETE |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY, ST, ZIP  |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> DELETE |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY, ST, ZIP  |                                 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY, ST, ZIP  |                                                                   |
| 15 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16 NAME           |                                                                   |
| 17 STREET ADDRESS |                                                                   |
| 18 CITY, ST, ZIP  |                                                                   |
| 19 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20 NAME           |                                                                   |
| 21 STREET ADDRESS |                                                                   |
| 22 CITY, ST, ZIP  |                                                                   |
| 23 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 24 NAME           |                                                                   |
| 25 STREET ADDRESS |                                                                   |
| 26 CITY, ST, ZIP  |                                                                   |
| 27 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 28 NAME           |                                                                   |
| 29 STREET ADDRESS |                                                                   |
| 30 CITY, ST, ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.02(2)(a), Florida Statutes. I further certify that the information is correct on this annual report or supplemental annual report in this and all details and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if completed, or on a card attached hereto, as indicated.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

**11-1-96 (941) 794-5834**

CR2E034 (12/95)