

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

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96 SEP -9 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000052405 (5)			
1. Corporation Name MOUNT LA VERNA ACADEMY, INC.			

Principal Place of Business 2310 EAST ROBINSON STREET ORLANDO FL 32803	Mailing Address 2310 EAST ROBINSON STREET ORLANDO FL 32803
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/05/1994	3a. Date of Last Report 09/15/1995
4. FEI Number 59-3255761	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. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent DELGADO, JOHN J 4250 ALAFAYTR #212-412 OVIEDO FL 32765	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Applicable)	4250 ALAFAY TR #212-412 OVIEDO FL 32765
83	****225.00 ****225.00
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed on the bottom of the registration and change of address form. (Date Registered Agent's signature required when registering.)

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	P DELGADO, JOHN J
STREET ADDRESS	4250 ALAFAYA TR # 212-412
CITY - ST - ZIP	OVIEDO FL 32765
TITLE	☐ DELETE
NAME	ST DELGADO, MARTHA
STREET ADDRESS	4250 ALAFAYA TR # 212-412
CITY - ST - ZIP	OVIEDO FL 32765
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
☐ Change ☐ Addition	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 607, 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

407-896-0155

aw

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