

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P95000008424 (0)**

1. Corporation Name

**EDUCATIONAL ALTERNATIVE RESOURCE NETWORK, INC.**



Principal Place of Business

**2230 WEST BAY DRIVE  
LARGO FL 34640**

Mailing Address

**2230 WEST BAY DRIVE  
LARGO FL 34640**

3. Date Incorporated or Qualified  
**02/01/1995**

3a. Date of Last Report

2. ~~Principal Place of Business~~  
21 **14450 46th St. N**

Suite, Apt. #, etc.

22 **112 Suite**

City & State

23 **Clearwater FL**

Zip

24 **34622**

Country

25 **Pinellas**

2a. Mailing Address

26 **14450 46th Street N**

Suite, Apt. #, etc.

27 **Suite 112**

City & State

28 **Clearwater, FL**

Zip

29 **34622**

Country

30

4. FEI Number

**31-1428226**

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

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 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 **CT Corporation System**

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

(NOTE: Registered Agent signature required when relinquishing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**President**

☐ Change ☒ Addition

1.2 NAME

**D. Paul Haagsma**

1.3 STREET ADDRESS

**14450 46th St. North Suite 112**

1.4 CITY - ST - ZIP

**Clearwater, FL 34622**

2.1 TITLE

**Vice President**

☐ Change ☒ Addition

2.2 NAME

**Barbara Haagsma**

2.3 STREET ADDRESS

**14450 46th Street North Suite 112**

2.4 CITY - ST - ZIP

**Clearwater, FL 34622**

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)(k), 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: **Barbara J. Haagsma**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 29, 96**  
Date

**813**

**5363322**  
Daytime Phone #

CR2E034 (12/95)