

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000054779 (0)

1. Corporation Name

THE CENTER FOR HIGH ACHIEVING SCHOOLS, INC.



Principal Place of Business

Mailing Address

1201 RIVER HILLS DR.
TEMPLE TERRACE FL 33617

1201 RIVER HILLS DR.
TEMPLE TERRACE FL 33617

3. Date incorporated or Qualified
07/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1100 7 N 56th St.

26 1100 7 N. 56th St.

4. FEI Number
59-3327395

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23 TAMPA FL.

28 TAMPA FL.

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33617

25 Hillsborough

29 33617

30 Hillsborough

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSTON, J. HOWARD
1201 RIVER HILLS DR.
TEMPLE TERRACE FL 33617

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

Howard Johnston

J. Howard Johnston

8/5/96

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 D
NAME JOHNSTON, J. HOWARD
STREET ADDRESS 1201 RIVER HILLS DR.
CITY - ST - ZIP TEMPLE TERRACE FL 33617

TITLE D
NAME KANTHAK, LAUREL M
STREET ADDRESS 1806 BELMONT ST. N.W., #C
CITY - ST - ZIP WASHINGTON DC 20009

TITLE D
NAME WILLIAMSON, RONALD D
STREET ADDRESS 1479 MAPLEWOOD DR.
CITY - ST - ZIP SALINE MI 48176

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE M
12 NAME Lucinda L. Johnston
13 STREET ADDRESS 1201 Riverhills Dr.
14 CITY - ST - ZIP Temple Terrace, FL 33617

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☒ Addition

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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Howard Johnston

J. Howard Johnston

813-
980-2811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)