FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052007 (7)

COMMUNITY ACADEMY, INC.

Principal Place of Business

Mailing Address

APPROVED Pg. 163

97 JUL 23 AM 9: D2

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2655 COMMUNITY ROAD JACKSONVILLE FL \$2207			2655 COMMUNITY ROAD JACKSONVILLE FL 32207-7829			
·					3. Date Incorporated or Qualified 06/17/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-3389036	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	├ ── ┐ `		5. Certificate of Status Desired	\$8.75 Additional
City & State 23		City & State	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζιρ 29	Count 30	ry	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes Wo
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Re	gistered Agent
	PSON, MARY E		8	1 Name		
2655 COMMUNITY ROAD JACKSONVILLE FL 32207			8		Idress (P.O. Box Number is Not Acceptate	\$1,8267
			8		*****16	
			ľ	4 City		FL 85 Zip Code
Office or r	egistered agent, or both, in the	7.0502 and 607.1508, Florida State State of Florida. Such change was obligations of, Section 607.0505, F	authorized	by the corpor	orporation submits this statement for the pration's board of directors. I hereby accept	virgose of changing its registered
SIGNATURE	Signature, typed or printed name of registe				quired whon reinstating)	
12.		S AND DIRECTORS	13.	gent signature rec	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 1111	- 1	D	Change Addition
NAME	SIMPSON, MARY E		1.2 NAM	. :	LESLIE R. FORREST	
STREET ADDRESS	2655 COMMUNITY ROAD		1.3 STRE	ET ADDRESS	Jackson silly,	•
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 CITY		F1. 32207	
TITLE		DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAM	: ·		
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY	- ST- ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAMI	E		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		Delete	3.4. CITY			
TITLE NAME		☐ DELETE	4 1 TITLE			Change Addition
STREET ADDRESS			4 2 NAM	·		
				ET ADDRESS		
CITY-ST-ZIP QTLE		DELETE	4.4 C(TY) 5.1 T(TLE			Change Addition
NAME			5.2 NAM			CHANGE THE WOULD
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY		A	•
TITLE		DELETE	6.1 TiTLE			(
NAME			6.2 NAM		[].0	Change Addition
STREET ADDRESS				ET ADDRESS	O.	2123191
CITY-ST-ZIP			6.4 CITY	1		1/2-11

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CICALATURE.

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W p96000052007 (7)

I just received 2 NO NOTICE OR Gentleman, annual corporation report package I was aware of annual filing,
however as we did not incorporate
until June 17 1996, I assumed
until June 17 1996, the filing would be at this time. I. DID NOT RECEIVE A FIRST PACKAGE? (THE ADDRESS ON THE SECOND NOTICE 1s correct.) I immediately contacted your office and was advised to fell but the second notice and enclose a chack in the amount of \$165.00. and said a latter of explanation. Obviously had the first notice hear paid received it would have hear paid survey. We are a very small













License No. 042105

pg.393



chibrais daycare, licensed for 45 chibrer.

de thanks you for your condendation in accepting thus as a first filing and please, please a warrer of penalties.

Sincerlago May E. Simpson











