

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90050 047 ***158.75

DOCUMENT # P98000035601

1. Corporation Name

AMERICAN VILLAGE ACADEMY, INC.

Principal Place of Business

9043 TOWER PINE DRIVE
WINTER GARDEN FL 30487

Mailing Address

9043 TOWER PINE DRIVE
WINTER GARDEN FL 30487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1998

4. FEI Number

59 3502762

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MILLER, HEIDI DANIZ
9043 TOWER PINE DRIVE
WINTER GARDEN FL 30487

10. Name and Address of New Registered Agent

81 Name

JOHN L. GILLEN, III

82 Street Address (P.O. Box Number is Not Acceptable)

2314 Holly Ridge Dr.

83

84 City

OCFEE

FL

85 Zip Code
34761

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

John L. Gillen, III

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
HEIDI DANZIG MILLER
STREET ADDRESS
9043 TOWER PINE DRIVE
CITY-ST-ZIP
WINTER GARDEN, FL 34787

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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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

1.1 TITLE

☐ Change

☐ Addition

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

VICE PRESIDENT

ANN MARIE GILLEN

2314 Holly Ridge Dr.

OCFEE, FL 34761

3.1 TITLE

☐ Change

☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SECRETARY, VICE PRESIDENT

DARLENE A. DANZIG

823 W. BIRCHWOOD CIRCLE

KISSIMMEE, FL 34743

4.1 TITLE

☐ Change

☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TREASURER

BRETT D. FADELEY

1378 Southridge LAKE CIRCLE

LONGWOOD, FL 32750

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99

Date

407 905 0700

Daytime Phone #

CR2E034 (1/198)