

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N26716 (3)
1. Corporation Name
L.A. AINGER JUNIOR HIGH SCHOOL FOUNDATION, INC.



Principal Place of Business: **18401 MURDOCK CIRCLE, 1861 PALCIDA ROAD, SUITE 104, PT CHARLOTTE FL 33948, US**
Mailing Address: **18401 MURDOCK CIRCLE, 1861 PALCIDA ROAD, SUITE 104, PT CHARLOTTE FL 33948, US**

3. Date Incorporated or Qualified: **06/01/1988**
3a. Date of Last Report: **05/30/1995**

2. Principal Place of Business: **21 18401 Murdock Circle**
2a. Mailing Address: **26 18401 Murdock Circle**

4. FEI Number: **65-0108396**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23 Port charlotte FL**
City & State: **28 Port charlotte FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24 33948**
Country: **25**
Zip: **29 33948**
Country: **30**

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

9. Name and Address of Current Registered Agent
**MCKINLEY, MICHAEL R.
18401 MURDOCK CIRCLE
PT CHARLOTTE FL 33948**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **5/8/96**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	SCHMIDT, MAX L
STREET ADDRESS	1445 PIATTI DR
CITY - ST - ZIP	PT CHARLOTTE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STRICKLAND, WILLIAM
STREET ADDRESS	2201 PLACIDA ROAD
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SULLIVAN, CHARLES E.
STREET ADDRESS	245 CONCORD ROAD
CITY - ST - ZIP	ROTANDA WEST FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HORTON, MAC
STREET ADDRESS	1445 PIATTI DRIVE
CITY - ST - ZIP	PT CHARLOTTE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1445 Education Way
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1017 Bay Harbor Drive
4.4 CITY - ST - ZIP	Englewood Florida
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Max L Schmidt* DATE: **5/8/96** DAYTIME PHONE #: **(941) 255-0808**

CR2E037 (12/95)