

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 295706

FILED
Mar 31, 2008
Secretary of State

Entity Name: THE CHAPPELL SCHOOLS, INC.

Current Principal Place of Business:

8400 BAYCENTER RD
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

8400 BAYCENTER RD
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-1104787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DRENNON, KATHERYNE C
8400 BAYCENTER RD
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: DRENNON, KATHERYNE C, .
Address: 6812 LINFORD LANE
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: P () Delete
Name: HARRIS, LYNNE B
Address: 7679 HOLLYRIDGE CIRCLE
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP () Delete
Name: SCHROEDER, ANGENIS M
Address: 8400 BAYCENTER ROAD
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNNE HARRIS

P

03/31/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date