

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90028 033 ****61.25

DOCUMENT # 732326 1. Entity Name PACE-BRANTLEY HALL SCHOOL, INC.					
Principal Place of Business 3221 SAND LAKE RD LONGWOOD, FL 32779				Mailing Address 3221 SAND LAKE RD LONGWOOD, FL 32779	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number 59-1501677				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUN, RICHARD 550 MANOR RD. MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	V/D	☐ Change ☒ Addition
NAME	DUNN, RICHARD		NAME	JOHNSON, VAUN	
STREET ADDRESS	550 MANOR RD.		STREET ADDRESS	1447 CARDINAL COURT	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	MCKNIGHT, LYNNE		NAME	DECAMPLI, WILLIAM	
STREET ADDRESS	1011 GREENTREE DR.		STREET ADDRESS	314 SALVADOR SQUARE	
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	LINK, MARIANNE		NAME	BATAYO, DAVID	
STREET ADDRESS	1301 AZALEA LANE		STREET ADDRESS	1636 ROCKDALE LOOP	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE	SD	☐ Delete	TITLE		
NAME	COUSINEAU, HELEN		NAME		
STREET ADDRESS	365 BELOIT AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		
NAME	NEUMAN, LINDA		NAME		
STREET ADDRESS	650 LONGMEADOW CIR.		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	P/D	☒ Change ☐ Addition
NAME	OKAB, PAMELA		NAME	OHAB, PAMELA	
STREET ADDRESS	309 CITRUS ST		STREET ADDRESS	309 CITRUS ST	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Pamela Okab</i>			3/6/08 407-869-8882		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		