

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90054 044 ****61.25

DOCUMENT # 741555	
1. Entity Name NORTH PORT COMMUNITY EDUCATIONAL CENTER, INC.	

Principal Place of Business 4940 N. PAN AMERICAN BLVD. P.O. BOX 7113 NORTH PORT FL 34287 US	Mailing Address 4940 N. PAN AMERICAN BLVD. P.O. BOX 7113 NORTH PORT FL 34287 34290 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent HOLDRIDGE, DARLENE 6389 MATARO CT NORTH PORT FL 34287		7. Name and Address of New Registered Agent Name HAMILTON, William Street Address (P.O. Box Number is Not Acceptable) 1609 Lansdale Ave City North Port FL Zip Code 34286	
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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 *W.C. Hamilton* DATE 4/2/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLDRIDGE, DARLENE 6389 MATARO CT NORTH PORT FL 34287 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hamilton, William 1609 Lansdale Ave North Port, FL 34286 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOBLE, RALPH 3152 OKLAHOMA ST NORTH PORT FL 34286 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VA PETER NEGRİ 4066 Holin Lane North Port, FL 34287 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLATER, NANCY 6231 TALBOT ST NORTH PORT FL 34287 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. S. AITHNEA HUGHES 4361 MONGITE RD. NORTH PORT, FL 34287 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, BETTIE J 5044 KINGSLEY ROAD NORTH PORT FL 34287 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOPE, BESS 3273 BISCAYNE DRIVE S NORTH PORT FL 34287 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENVENTO, MARILYN 3751 N. GIBLIN DRIVE NORTH PORT FL 34286 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: W.C. HAMILTON *W.C. Hamilton* DATE 4-2-08 (941) 426-2204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR