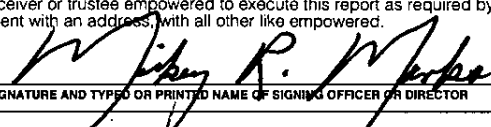


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90066 026 ****61.25

DOCUMENT # N02000000614 1. Entity Name MINNEOLA ELEMENTARY SCHOOL, INC.					
Principal Place of Business 300 PEARL ST. CLERMONT, FL 34711			Mailing Address 300 PEARL ST. CLERMONT, FL 34711		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 45-0468799	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARKS, MICKEY 300 PEARL STREET CLERMONT, FL 34711				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD GARRETT, DAVID 1932 BAXTER AVE. ORLANDO, FL 32806		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Attorney Stone, Lewis W. 4850 N. Highway 19 Mt. Dora, FL 32757	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, DIANA 1732 DISSTON AVE. CLERMONT, FL 34711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Marks, Mickey R. 300 Pearl St., Clermont, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIZELL, SCOTT 6675 WESTWOOD BLVD. SUITE 200 ORLANDO, FL 32821		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Faulk, Cornelius 815 Hatteras Avenue, Clermont, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROUWER, MICKEY R 11519 VALLEY RD. CLERMONT, FL 34711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brouwer, Michael	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Page, Mary P.O. Box 120061, Clermont, FL 34712		Board Member Hart, Paul 108 E. Osceola St., Clermont, FL 34711		
12. 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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1/9/04 Daytime Phone #: 352/394-2600					