

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 30, 2009  
Secretary of State

DOCUMENT# N07000009269

Entity Name: FLORIDA HIGH SCHOOL FOR ACCELERATED LEARNING NORTH LEE COUNTY CAMPUS, INC.

**Current Principal Place of Business:**

%DONNA GOGREVE  
428 SW PINE ISLAND RD.  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

%DONNA GOGREVE  
3206 S. UNIVERSITY DR.  
MIRAMAR, FL 33025

**New Mailing Address:**

FEI Number: 75-3255798      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOWLER WHITE BOGGS BANKER P.A.  
501 E KENNEDY BLVD SUITE 1700  
TAMPA, FL 33602 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

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: WALL, JIM  
Address: 9530 MARKETPLACE ROAD  
City-St-Zip: FORT MYERS, FL 33912 US

Title: STD ( ) Delete  
Name: LONG, LYNDIA  
Address: 16723 SEAGULL BAY COURT  
City-St-Zip: BOKEELIA, FL 33922 US

Title: PD ( ) Delete  
Name: SHICKS, JEFFREY  
Address: 2128 CLEVELAND AVE  
City-St-Zip: FORT MYERS, FL 33901 US

Title: D ( ) Delete  
Name: NAYLOR, BILL  
Address: 2117 MARTIN LUTHER KING BLVD  
City-St-Zip: FORT MYERS, FL 33901 US

Title: D ( ) Delete  
Name: WALLACE, CHRIS  
Address: 17538 CHERRY RIDGE LAND  
City-St-Zip: FORT MYERS, FL 33967 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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY SHICKS

P

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date