

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N07000009280

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

Current Principal Place of Business:

% DONNA GOGREVE
3057 CLEVELAND AVENUE
FT. MYERS, FL 33901 US

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 BOULEVARD, STE. 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 RD.
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 AVENUE
City-St-Zip: FORT MYERS, FL 33901 US

Title: D () Delete
Name: NAYLOR, BILL
Address: 2117 MARTIN LUTHER KING BOULEVARD
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