2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003060

FILED Apr 24, 2008 Secretary of State

Entity Name: CENTRAL FLORIDA PREPARATORY SCHOOL, INC.

Current Principal Place of Business: New Principal Place of Business: 1450 CITRUS OAKS AVENUE GOTHA, FL 34734 **Current Mailing Address: New Mailing Address:** P.O. BOX 817 GOTHA, FL 34734 FEI Number: 59-3022217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALPER, HARVEY 112 W. CITRUS STREET ALTAMONTE SPRINGS, FL 32714 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PVST** () Change () Addition () Delete FLANDERS, ROWENA Name: Name: 5378 BROOKLINE DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: Title: () Delete () Change () Addition Name: PACE, ANTHONY Name: Address: 376 CYPRESS LANDING DRIVE Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: Title: () Delete Title: (X) Change () Addition BREUNING, ROBERT Name: WALKER III, ARTHUR I Name: Address: 13525 MAGNOLIA PARK COURT Address: 4008 SALMON DRIVE City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: ORLANDO, FL 32835 Title: () Delete Title: () Change () Addition STAMPER, BRIAN SR. Name: Name: 1 EDENTON COURT Address: Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: Title: () Delete Title: (X) Change () Addition SIMMONS, ROBERT LUCIANO, CHRISTOPHER M Name: Name: 8835 GREAT COVE DRIVE 5378 BROOKLINE DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819 Title: () Delete Title: () Change () Addition DURGIN, BERNARD Name: Name: Address: 7845 SHELLBARK DRIVE Address: ORLANDO, FL 32818 City-St-Zip: 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: ROWENA FLANDERS PVST 04/24/2008