

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004129

FILED
May 02, 2007
Secretary of State

Entity Name: MATANZAS ACADEMY PRIVATE SCHOOL SYSTEM, INC.

Current Principal Place of Business:

3375 US 1 SOUTH
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 861039
ST. AUGUSTINE, FL 32086

New Mailing Address:

3375 US 1 SOUTH
ST. AUGUSTINE, FL 32086

FEI Number: 59-3413561 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEEWE, REBECCA S
4056 PINE RUN CR.
ST. AUGUSTINE, FL 32086 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: D () Delete
Name: LEEWE, REBECCA S
Address: 4056 PINE RUN CR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DVT () Delete
Name: LEEWE, JAMES F
Address: 4056 PINE RUN CR.
City-St-Zip: ST AUGUSTINE, FL 32086

Title: DS () Delete
Name: DORE, FRANCIS
Address: 3608 FT PEYTON CIR
City-St-Zip: ST AUGUSTINE, FL 32086

Title: BM () Delete
Name: GAY, LINDA E
Address: 567 CANAL ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: BMFS () Delete
Name: HARRIS, TAMMY
Address: 3606 FT. PEYTON CR.
City-St-Zip: ST. AUGUSTINE, FL 32086

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: BMFS (X) Change () Addition
Name: LEEWE, TAMMY
Address: 3606 FT. PEYTON CR.
City-St-Zip: ST. AUGUSTINE, FL 32086

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: REBECCA S LEEWE

D

05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date