

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004129

FILED  
Feb 20, 2008  
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:**

3375 US 1 SOUTH  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: 59-3413561      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**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: LEEWE, 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:      ( ) 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: REBECCA S LEEWE

D

02/20/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date