

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004129

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** MATANZAS ACADEMY PRIVATE SCHOOL SYSTEM, INC.

**Current Principal Place of Business:**

1485 US HWY1 SOUTH  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

4255 US HWY 1 SOUTH  
SUITE 18R6  
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  
Name: LEEWE, REBECCA S  
Address: 4056 PINE RUN CR.  
City-St-Zip: ST. AUGUSTINE, FL 32086

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: REBECCA S. LEEWE

D

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date