

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738574

FILED
Jan 17, 2007
Secretary of State

Entity Name: OUT-OF-DOOR ACADEMY OF SARASOTA, INC.

Current Principal Place of Business:

444 REID STREET
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

444 REID STREET
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 59-1731857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, KIMBERLY P
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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: CT () Delete
Name: GELBMAN, RONALD
Address: 459 MEADOWLARK DR.
City-St-Zip: SARASOTA, FL 34236

Title: HM () Delete
Name: MAHLER, DAVID
Address: 444 REID ST.
City-St-Zip: SARASOTA, FL 34242

Title: TT () Delete
Name: HAYES, MIKE
Address: 1434 LADUE LANE
City-St-Zip: SARASOTA, FL 34231

Title: ST () Delete
Name: MCARDLE, MARGARET
Address: 5025 COCO PLIM WAY
City-St-Zip: SARASOTA, FL 34241

Title: ST () Delete
Name: HENSON, MITZIE
Address: 1204 N LAKESHORE DRIVE
City-St-Zip: SARASOTA, FL 34231

Title: VT () Delete
Name: GOLDBERG, KEN
Address: 4079 LAS PALMAS WAY
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TT (X) Change () Addition
Name: CRANOR, JOHN
Address: 1400 PEREGRINE POINT DR
City-St-Zip: SARASOTA, FL 34231

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 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: ANGEL R. CAPPAR

CFO

01/17/2007

Electronic Signature of Signing Officer or Director

Date