

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90026 041 ****61.25

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1. Entity Name

SONHAVEN PREPARATORY ACADEMY, INC.



Principal Place of Business

3805 NORTH LOCKWOOD RIDGE
SARASOTA FL 34232

Mailing Address

P.O. BOX 50517
SARASOTA FL 34232



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

20-3241073

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILT, THOMAS H
5351 AVANT AVENUE
SARASOTA FL 34235

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HILT, CAROLYN
STREET ADDRESS 5351 AVANT AVE
CITY- ST- ZIP SARASOTA FL 34235

TITLE D ☒ Delete
NAME CLARK, JAMES L
STREET ADDRESS 4219 2ND AVENUE EAST EDGE
CITY- ST- ZIP BRADENTON FL 34208

TITLE D ☐ Delete
NAME HILT, THOMAS H
STREET ADDRESS 5351 AVANT AVENUE
CITY- ST- ZIP SARASOTA FL 34235

TITLE D ☐ Delete
NAME RUDISILL, DAVID A
STREET ADDRESS 2115 ARDEN DRIVE
CITY- ST- ZIP SARASOTA FL 34232

TITLE D ☐ Delete
NAME WORTHLEY, WARREN M
STREET ADDRESS 3333 MAPLE HAMMOCK DR
CITY- ST- ZIP SARASOTA FL 34235

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D. ☐ Change ☒ Addition
NAME Travis Bond
STREET ADDRESS 1070 Timberidge Ln.
CITY- ST- ZIP Bartonville, TX 76226

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Thomas H. Hilt

March 8, 2008