

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001996

FILED
Feb 12, 2009
Secretary of State

Entity Name: THE MOST IMPROVED STUDENT, INC.

Current Principal Place of Business:

1515 RINGLING BLVD, STE 400
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

PO BOX 4097
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 20-0238365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOUTHGATE, CHRISTA
1515 RINGLING BLVD., STE 400
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: P () Delete
Name: HUNKELE, H. JACK
Address: 1299 NORTH TAMiami TRAIL, #1121
City-St-Zip: SARASOTA, FL 34236

Title: V () Delete
Name: DELANEY, PHILIP A JR
Address: 1515 RINGLING BLVD, STE 400
City-St-Zip: SARASOTA, FL 34236

Title: S (X) Delete
Name: SWAN, AMIE
Address: 1515 RINGLING BLVD, STE 400
City-St-Zip: SARASOTA, FL 34236

Title: T () Delete
Name: SOUTHGATE, CHRISTA
Address: 1515 RINGLING BLVD, STE 400
City-St-Zip: SARASOTA, FL 34236

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:

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: CHRISTA SOUTHGATE

T

02/12/2009

Electronic Signature of Signing Officer or Director

_____ Date