2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 738574

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:	CRANOR, JOHN	
Address:	1400 PEREGRINE POINT DR	
City-St-Zip:	SARASOTA, FL 34231	
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:	( ) 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: ANGEL CAPPAR CFO 04/30/2009

Electronic Signature of Signing Officer or Director — Date