2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# N05000008611

Entity Name: SONHAVEN PREPARATORY ACADEMY, INC.

Current Principal Place of Business:

3805 NORTH LOCKWOOD RIDGE
SARASOTA, FL 34232

New Principal Place of Business:

3560 BEE RIDGE RD
SARASOTA, FL 34239

Current Mailing Address:

P.O. BOX 50517
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 20-3241073 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HILT, THOMAS H
5351 AVANT AVENUE
SARASOTA, FL 34235 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 ( ) Delete
Name: HILT, CAROLYN
Address: 5351 AVANT AVE
City-St-Zip: SARASOTA, FL 34235

Title: D ( ) Delete
Name: BOND, TRAVIS
Address: 1070 TIMBERIDGE LN
City-St-Zip: BARTONVILLE, TX 76226

Title: D ( ) Delete
Name: HILT, THOMAS H
Address: 5351 AVANT AVENUE
City-St-Zip: SARASOTA, FL 34235

Title: D ( ) Delete
Name: RUDISILL, DAVID A
Address: 2115 ARDEN DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete
Name: WORTHLEY, WARREN M
Address: 3333 MAPLE HAMMOCK DR
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: GILL, ALTON
Address: 5505 JUEL GILL RD
City-St-Zip: MYAKKA CITY, FL 34251

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

Title: D (X) Change ( ) Addition
Name: MARIN, BARRY
Address: 3144 57TH AVE. CIRCLE E.
City-St-Zip: BRADENTON,, FL 34203

Title: D (X) Change ( ) Addition
Name: BOOP, PENNY
Address: 3326 49TH ST.
City-St-Zip: SARASOTA, FL 34235

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: THOMAS H. HILT PRES 05/07/2009

Electronic Signature of Signing Officer or Director — Date