

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007553

Entity Name: FAITH PREPARATORY SCHOOL, INC.**Current Principal Place of Business:**12100 SW ACADEMY DR.
LAKE SUZY, FL 34269**Current Mailing Address:**12100 SW ACADEMY DR.
LAKE SUZY, FL 34269 US**FEI Number:** 47-1585444**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, ERICKA L MRS.
315 TIPTON ST.
PORT CHARLOTTE, FL 33954 US*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

Officer/Director Detail :

Title DIRECTOR
Name BAGIARDI, ANTHONY MR.
Address 12100 SW ACADEMY DR.
City-State-Zip: LAKE SUZY FL 34269

Title TREASURER
Name ROOSE, DIANE MRS.
Address 12100 SW ACADEMY DR.
City-State-Zip: LAKE SUZY FL 34269

Title VP
Name FRANK, HEATHER MRS.
Address 12100 SW ACADEMY DR.
City-State-Zip: LAKE SUZY FL 34269

Title DIRECTOR
Name SHERMAN, BRIAN MR.
Address 12100 SW ACADEMY DR.
City-State-Zip: LAKE SUZY FL 34269

Title DIRECTOR
Name TYLER, JEREMY REV.
Address 12100 SW ACADEMY DR.
City-State-Zip: LAKE SUZY FL 34269

Title DIRECTOR
Name BRODY, SUSIE MRS.
Address 12100 SW ACADEMY DR.
City-State-Zip: LAKE SUZY FL 34269

Title SECRETARY
Name ANDERSON, KATHRYNE MRS.
Address 12100 SW ACADEMY DR.
City-State-Zip: LAKE SUZY FL 34269

Title PRESIDENT
Name LIOU, FELICIA MRS.
Address 12100 SW ACADEMY DR.
City-State-Zip: LAKE SUZY FL 34269

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: FELICIA LIOU**PRESIDENT****03/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DEGAETA, KELSEY MRS.
Address 12100 SW ACADEMY DR.
City-State-Zip: LAKE SUZY FL 34269

Title DIRECTOR
Name ADAMS, ETHAN MR.
Address 12100 SW ACADEMY DR.
City-State-Zip: LAKE SUZY FL 34269