

2015 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	P
Name	SCARRY, KERRI MRS.
Address	1875 CITRON ST.
City-State-Zip:	PORT CHARLOTTE FL 33980

Title	S
Name	MIKUS, MARSHA MRS.
Address	1030 GREAT FALLS AVE.
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	D
Name	DRUMM, NATALIA MRS.
Address	4688 BELLADONNA AVE.
City-State-Zip:	NORTH PORT FL 34286

Title	DIRECTOR
Name	SMOAK, JUSTIN
Address	4845 FAIRLANE DR.
City-State-Zip:	NORTH PORT FL 34288

Title	VP
Name	JACKSON, PATRICK MR.
Address	638 GAINES ST. NW
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	T
Name	ROOSE, DIANE MRS.
Address	23389 MCCANDLESS AVE.
City-State-Zip:	PORT CHARLOTTE FL 33980

Title	D
Name	SWEET-WEST, SUSAN MRS.
Address	22376 MIDWAY BLVD.
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	DIRECTOR
Name	BARRIOS, ANDREA REV.
Address	HOLY TRINITY LUTHERAN CHURCH 2565 TAMIAMI TRAIL
City-State-Zip:	PORT CHARLOTTE FL 33952

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: MARSHA MIKUS**SECRETARY****02/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date