## 2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003631

Entity Name: IMAGINE SCHOOLS NON-PROFIT, INC

itity Name: IMAGINE SCHOOLS NON-PROFIT, II

**Current Principal Place of Business:** 

1005 NORTH GLEBE ROAD SUITE 610

ARLINGTON, VA 22201

**Current Mailing Address:** 

1005 NORTH GLEBE ROAD SUITE 610

ARLINGTON, VA 22201

FEI Number: 20-3590526 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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 CHANCELLOR Title SENIOR VP, DIRECTOR

Name BAKKE, DENNIS Name BAKKE, EILEEN

Address 1005 NORTH GLEBE ROAD, SUITE 610 Address 1005 NORTH GLEBE ROAD, SUITE 610

City-State-Zip: ARLINGTON VA 22201 City-State-Zip: ARLINGTON VA 22201

Title CEO, PRESIDENT, CFO, TREASURER Title DIRECTOR

Name SHARP, BARRY Name BEEHLER, ALEX

Address 1005 NORTH GLEBE ROAD, SUITE 610 Address 1005 NORTH GLEBE ROAD, SUITE 610

City-State-Zip: ARLINGTON VA 22201 City-State-Zip: ARLINGTON VA 22201

Title DIRECTOR Title DIRECTOR

Name NAILL, ROGER Name HAFT, ROBERT

Address 1005 NORTH GLEBE ROAD, SUITE 610 Address 1005 NORTH GLEBE ROAD, SUITE 610

City-State-Zip: ARLINGTON VA 22201 City-State-Zip: ARLINGTON VA 22201

Title DIRECTOR Title DIRECTOR

Name ROSETTI, RONALD Name RUGGIRELLO, JOHN

Address 1005 NORTH GLEBE ROAD Address 1005 NORTH GLEBE ROAD

SUITE 610 SUITE 610

City-State-Zip: ARLINGTON VA 22201 City-State-Zip: ARLINGTON VA 22201

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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: BARRY SHARP CEO, PRESIDENT 04/09/2015

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 09, 2015

**Secretary of State** 

CC0297289353

## Officer/Director Detail Continued:

Title DIRECTOR

Name SCHNEIDER, CYNTHIA

Address 1005 NORTH GLEBE ROAD

SUITE 610

City-State-Zip: ARLINGTON VA 22201

Title SENIOR VP, SECRETARY

Name BERIO, ISABEL

Address 1005 NORTH GLEBE ROAD

SUITE 610

City-State-Zip: ARLINGTON VA 22201

Title SR VP

Name CAGLE, RHONDA

Address 1005 NORTH GLEBE ROAD

SUITE 610

City-State-Zip: ARLINGTON VA 22201

Title DIRECTOR
Name TELLEZ, LUIS

Address 1005 NORTH GLEBE ROAD

SUITE 610

City-State-Zip: ARLINGTON VA 22201

Title CHIEF ACADEMIC OFFICER

Name HALL, NANCY

Address 1005 NORTH GLEBE ROAD

SUITE 610

City-State-Zip: ARLINGTON VA 22201