

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003631

Entity Name: IMAGINE SCHOOLS NON-PROFIT, INC**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	CEO, PRESIDENT	Title	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	VP, TREASURER	Title	D
Name	MCFADDEN, JAMES	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	D	Title	D
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	D	Title	D
Name	ROSETTI, RONALD	Name	RUGGIRELLO, JOHN
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

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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: DENNIS BAKKE**CEO****04/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name SCHNEIDER, CYNTHIA
Address 1005 NORTH GLEBE ROAD
SUITE 610
City-State-Zip: ARLINGTON VA 22201

Title D
Name WILSON, JOSHUA
Address 1005 NORTH GLEBE ROAD
SUITE 610
City-State-Zip: ARLINGTON VA 22201

Title D
Name TELLEZ, LUIS
Address 1005 NORTH GLEBE ROAD
SUITE 610
City-State-Zip: ARLINGTON VA 22201