

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707518

FILED
Feb 05, 2009
Secretary of State

Entity Name: ROSARIAN ACADEMY,INC.

Current Principal Place of Business:

807 N FLAGLER DR
WEST PALM BEACH, FL 334013799 US

New Principal Place of Business:

Current Mailing Address:

807 N FLAGLER DR
WEST PALM BEACH, FL 334013799 US

New Mailing Address:

FEI Number: 59-0638481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: SANDERS, OP, CORINNE SISTER
Address: 810 N. OLIVE AVE. #C
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DCB () Delete
Name: COOK, MARK MR
Address: 288 SANDPIPER DR
City-St-Zip: PALM BEACH, FL 33480

Title: SD () Delete
Name: FOUNTAIN, DON MR.
Address: 6215 SOUTH FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33405

Title: DVCB () Delete
Name: SCHEFER, ALISON MRS
Address: 300 WESTWOOD CIRCLE NORTH
City-St-Zip: WEST PALM BEACH, FL 33411

Title: TD () Delete
Name: ACOSTA, ELLEN MRS
Address: 863 COUNTRY CLUB DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: GOLDSTEIN, DENNIS MR.
Address: 305 EAST LAKEWOOD ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

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

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

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: CORINNE SANDERS, OP

SR

02/05/2009

Electronic Signature of Signing Officer or Director

Date