

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717431

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: THE PINE SCHOOL, INC.

## Current Principal Place of Business:

1300 E TENTH STREET  
STUART, FL 349964108

## New Principal Place of Business:

12350 SE FEDERAL HIGHWAY  
HOBE SOUND, FL 33455

## Current Mailing Address:

12350 SE FEDERAL HIGHWAY  
HOBE SOUND, FL 33455

## New Mailing Address:

FEI Number: 59-1276282      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATTLES, GURDON S  
20 N. RIDGEVIEW ROAD  
STUART, FL 34996 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: PT ( ) Delete  
Name: WATTLES, GURDON S  
Address: 20 N. RIDGEVIEW ROAD  
City-St-Zip: STUART, FL 34994

Title: SD ( ) Delete  
Name: AFSHAR, LISA  
Address: 2216 NE ROSEWALK TERRACE  
City-St-Zip: STUART, FL 34996

Title: TD ( ) Delete  
Name: BAUM, MICHAEL  
Address: 20 ABBIE COURT  
City-St-Zip: STUART, FL 34996

Title: HOST ( ) Delete  
Name: CANTWELL, JAMES M  
Address: 34 CASTLE HILL WAY  
City-St-Zip: STUART, FL 34996

Title: VPT ( ) Delete  
Name: ARMELLINI, DAVID  
Address: 611 NW SUNSET DRIVE  
City-St-Zip: STUART, FL 34994

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GURDON S WATTLES

PT

01/14/2009

Electronic Signature of Signing Officer or Director

Date