

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721587

FILED
Apr 13, 2009
Secretary of State

Entity Name: STONESOUP SCHOOL, INC.

Current Principal Place of Business:

201 W STATE ROAD 434
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

201 W STATE ROAD 434
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 59-1377321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAUB, CARRIE L
201 W STATE ROAD 434
WINTER SPRINGS, FL 32708 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: D () Delete
Name: ARANDA, MICHAEL
Address: 4227 NORTHLAKE BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33403

Title: D () Delete
Name: DERITA, TOM
Address: 777 SOUTH FLAGLER DRIVE, SUITE 300
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: SHAHEEN, WILLIAM
Address: 3351 NW BOCA RATON BLVD.
City-St-Zip: BOCA RATON, FL 33431

Title: PD () Delete
Name: VANHORN, BARBARA
Address: 7225 GULLOTTI PLACE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: O () Delete
Name: JACOB, MARK J
Address: 201 W SR 434
City-St-Zip: WINTER SPRINGS, FL 32708

Title: O () Delete
Name: STRAUB, CARRIE L
Address: 201 W STATE ROAD 434
City-St-Zip: WINTER SPRINGS, FL 32708

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
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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: CARRIE STRAUB

O

04/13/2009

Electronic Signature of Signing Officer or Director

Date