2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004
Secretary of State

DOCUMENT# 730942

Entity Name: GREENWOOD SCHOOL, INC.

Current Principal Place of Business:

9920 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

9920 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-1579415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEGLER, MITCHELL W
300 WHARFSIDE WAY SUITE A
JACKSONVILLE, FL 32207 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:	C	( ) Delete
Name:	GILLANDER, BOB	
Address:	ONE SAN JOSE PLACE SUITE 9	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	D	( ) Delete
Name:	ROSCOE, JUDITH M.	
Address:	9920 REGENCY SQUARE BLVD	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	S	( ) Delete
Name:	PARRISH, JENNY	
Address:	9920 REGENCY SQUARE BLVD	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	D	( ) Delete
Name:	QUINLAN PH.D., THOMAS E	
Address:	9700 PHILLIPS HIGHWAY	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	D	( ) Delete
Name:	LEGLER, MITCHELL,	
Address:	300 WHARFSIDE WAY SUITE A	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	T	( ) Delete
Name:	WESTBROOK, TRACEY	
Address:	9004 REGENCY SQUARE BLVD	
City-St-Zip:	JACKSONVILLE, FL 32211	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	CONNELL, BEVERLY	
Address:	9920 REGENCY SQUARE BLVD	
City-St-Zip:	JACKSONVILLE, FL 32225	
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 for the exemption stated in Section 119.07(3)(i), 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: JUDITH M ROSCOE D 07/16/2004

Electronic Signature of Signing Officer or Director — Date