2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

01-17-2006 90226 018 ****61.25

1. Entity Nam	MENT #752362 PRAL SCHOOL, INCORPORA		01-17-2006 90226 018 ******61.25					
C/O SR. MARIE DOOLEY C/O 15929 S.W. 150TH ST. 159		Mailing Address C/O SR. MARIE DOOLEY 15929 S.W. 150TH ST. INDIANTOWN, FL 34956			60001633			
2. Principal Place of Business 3. Ma		. Mailing Address						
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ıg-NP	CR2E037 (11/05)		
City & State Ci		City & State	Dity & State		5	<u> </u>	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Required	itional	
	6. Name and Address of Current Re	egistered Agent	<u> </u>	7. Name and Add	ress of New Reg	istered Agent -		
DOOLEY, SR. MARY			Name	me				
HOPE RURAL SCHOOL			Street Addre	ss (P.O. Box Number is N	Not Acceptable)			
15929 S.W. 150TH ST. INDIANTOWN, FL 34956								
INDIANTO	74956							
}			City			FL Zip Code	9	
8. The above	named entity submits this statement for t	he purpose of changing its	registered office or reg	istered agent, or both, in	the State of Floric	la. I am familiar with,	and accept	
the obligat	tions of registered agent.		-	-			-	
1								
SIGNATURE	Signature, typed or printed name of registered agent and	d tale il applicable (NOTI	E: Registered Agent signature rec	tuired when reinstation)	 -	DATE		
ļ		,,,,,,		darag managi	<u> </u>			
İ	Filing Fee is \$61.25 Due by May 1, 2006		Election Campaign Financing Trust Fund Contribution.		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	☐ Delete	TITLE			☐ Change	Addition	
NAME	SIEFKER, PAUL E		NAME				_	
STREET ADDRESS	P.O. BOX 294 N/A		STREET ADDRESS					
CITY-ST-ZIP	INDIANTOWN, FL 00000, FL 34	1956	CITY-ST-ZIP					
TITLE	DST	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	REED, NATHANIEL		NAME					
CITY-ST-ZIP	PO BOX 1213 HOBE SOUND, FL 33455		STREET ADDRESS CITY-ST-ZIP					
TIPLE	D					П.	T taken	
NAME	RICCI, EDWARD M	☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS	PO BOX 2946		STREET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH, FL 33403		CITY-ST-ZIP					
TITLE	VPD	☐ Delete	TITLE			Change	Addition	
NAME	POWERS, BRIAN	Las Dotoio	NAME			L. Onlange	radicion	
STREET ADDRESS	PO BOX 8		STREET ADDRESS					
CITY-ST-ZIP	INDIANTOWN, FL		CITY-ST-ZIP					
TITLE	AS	☐ Delete	TITLE			☐ Change	Addition	
NAME	HOLLEY, AMY		NAME			, in the second second		
STREET ADDRESS	16601 SW MORGAT ST		STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 true tee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

INDIANTOWN, FL 34956

CITY-ST-ZIP

STREET ADDRESS

CHY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

1/9/06 772-597-2203

☐ Change

☐ Addition