## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#770409** 

FILED Apr 24, 2008 Secretary of State

Entity Name: SEACREST SCHOOL, INC.						
Current Principal Place of Business:			New Principal Place of Business:			
7100 DAVIS NAPLES, F		US				
Current Mailing Address:			New Mailing Address:			
7100 DAVIS NAPLES, F		US				
FEI Number:	59-2311341	FEI Number Applied For ( ) FEI N	umber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Address of	New Registered Agent:	
MURPHY, JAMES 110 CENTRAL AVENUE NAPLES, FL 34102 US						
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.						
SIGNATUR						
Electronic Signature of Registered Agent				Date		
OFFICERS	AND DIRE	CTORS:	ADDITION	IS/CHANGES	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	C HASTINGS, E 3125 RUM R NAPLES, FL	ow	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VC ERICKSON, 3100 REGAT NAPLES, FL	TA ROAD	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D POWELL, LY 2319 QUEEN NAPLES, FL	IS WAY	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	S MURPHY, JA 1150 CENTR NAPLES, FL	AL AVENUE	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	T AMICO, DAV 2333 KINGS NAPLES, FL	LAKE BLVD	Title: Name: Address: City-St-Zip:	DAVIS, JEFF 870 EUBANKS	X) Change ()Addition S COURT ND, FL 34145	

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: LYNNE M POWELL D 04/24/2008