2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 770409

Entity Name: SEACREST SCHOOL, INC.

Current Principal Place of Business:

7100 DAVIS BLVD
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

7100 DAVIS BLVD
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2311341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, JAMES
110 CENTRAL AVENUE
NAPLES, FL 34102 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: HASTINGS, BARRY
Address: 3125 RUM ROW
City-St-Zip: NAPLES, FL 34102

Title: VC ( ) Delete
Name: ERICKSON, TRISH MRS
Address: 3100 REGATTA ROAD
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: POWELL, LYNNE
Address: 2319 QUEENS WAY
City-St-Zip: NAPLES, FL 34112

Title: S ( ) Delete
Name: MURPHY, JAMES
Address: 1150 CENTRAL AVENUE
City-St-Zip: NAPLES, FL 34102

Title: T ( ) Delete
Name: DAVIS, JEFF
Address: 870 EUBANKS COURT
City-St-Zip: MARCO ISLAND, FL 34145

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: LYNNE M POWELL D 03/19/2009
Electronic Signature of Signing Officer or Director — Date