


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005368 1. Entity Name THE SCHOOL OF THE OZARKS, INC.	
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Principal Place of Business 101 OPPORTUNITY AVE. POINT LOOKOUT, MO 65726-0017	Mailing Address 101 OPPORTUNITY AVE. POINT LOOKOUT, MO 65726-0017
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DO NOT WRITE IN THIS SPACE



02192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 44-0556862	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000095969
03/25/04-80010-012 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, JERRY C DR. PO BOX 17 POINT LOOKOUT, MO 65726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEETER, HOWELL W DR. PO BOX 17 POINT LOOKOUT, MO 65726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUGHES, CHARLES F PO BOX 17 POINT LOOKOUT, MO 65726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEAN COCKRUM, LARRY L DR. PO BOX 17 POINT LOOKOUT, MO 65726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEAN GRAVES, MARILYN DR. PO BOX 17 POINT LOOKOUT, MO 65726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEAN DAVIDSON, MAYBURN L DR. PO BOX 17 POINT LOOKOUT, MO 65726

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles F. Hughes **Charles F. Hughes, Treasurer** 3/12/04 (417) 334-6411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #