


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # F02000005368</b><br>1. Entity Name<br>THE SCHOOL OF THE OZARKS, INC. |  |
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|   |   |
|---|---|
| Principal Place of Business<br>101 OPPORTUNITY AVE.<br>POINT LOOKOUT, MO 65726-0017 | Mailing Address<br>101 OPPORTUNITY AVE.<br>POINT LOOKOUT, MO 65726-0017 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



05052008 No Chg-NP CR2E037 (4/06)

|   |  |
|---|--|
| 4. FEI Number<br>44-0556862                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

8. Name and Address of Current Registered Agent

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

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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

|  |   |  |
|--|---|--|
| <b>Filing Fee is \$61.25</b><br><b>Due by September 12, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | U00000950844<br>06/04/08-80008-003 61.25 |
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10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>DAVIS, JERRY C DR.<br>PO BOX 17<br>POINT LOOKOUT, MO 65726     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>KEETER, HOWELL W DR.<br>PO BOX 17<br>POINT LOOKOUT, MO 65726   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DEAN<br>SHOENECKE, MARVIN DR<br>POB 17<br>POINT LOOKOUT, MO 65726   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>HUGHES, CHARLES F MR<br>PO BOX 17<br>POINT LOOKOUT, MO 65726   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DEAN<br>GRAVES, MARILYN DR.<br>PO BOX 17<br>POINT LOOKOUT, MO 65726 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DEAN<br>DAWE, RICHARD DR<br>PO BOX 17<br>POINT LOOKOUT, MO 65726    |

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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 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:** Calvin F. 7/2 **5 May 2008** **417-334-6411**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #