

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005368

FILED  
Apr 13, 2012  
Secretary of State

**Entity Name:** THE SCHOOL OF THE OZARKS, INC.

**Current Principal Place of Business:**

101 OPPORTUNITY AVE.  
POINT LOOKOUT, MO 657260017

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 17  
POINT LOOKOUT, MO 657260017

**New Mailing Address:**

**FEI Number:** 44-0556862

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, SUITE A  
TALLAHASSEE, FL 32301 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: P  
Name: DAVIS, JERRY C  
Address: PO BOX 17  
City-St-Zip: POINT LOOKOUT, MO 65726

Title: VP  
Name: KEETER, HOWELL W  
Address: PO BOX 17  
City-St-Zip: POINT LOOKOUT, MO 65726

Title: DEAN  
Name: SHOENECKE, MARVIN  
Address: PO BOX 17  
City-St-Zip: POINT LOOKOUT, MO 65726

Title: T  
Name: HUGHES, CHARLES F  
Address: PO BOX 17  
City-St-Zip: POINT LOOKOUT, MO 65726

Title: DEAN  
Name: BOLGER, ERIC  
Address: PO BOX 17  
City-St-Zip: POINT LOOKOUT, MO 65726

Title: DEAN  
Name: LARSEN, CHRIS  
Address: PO BOX 17  
City-St-Zip: POINT LOOKOUT, MO 65726

I hereby 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 all other like empowered.

SIGNATURE: CHARLES F. HUGHES

TREA

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date