

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003631

FILED
May 01, 2009
Secretary of State

Entity Name: IMAGINE SCHOOLS NON-PROFIT, INC

Current Principal Place of Business:

1005 N GLEBE RD STE 610
ARLINGTON, VA 22201

New Principal Place of Business:

Current Mailing Address:

1005 N GLEBE RD STE 610
ARLINGTON, VA 22201

New Mailing Address:

FEI Number: 20-3590526 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: NALL, ROGER
Address: 1005 NORTH GLEBE ROAD, SUITE 610
City-St-Zip: ARLINGTON, VA 22201

Title: VC () Delete
Name: HAFT, ROBERT
Address: 1005 NORTH GLEBE ROAD, SUITE 610
City-St-Zip: ARLINGTON, VA 22201

Title: DPRE () Delete
Name: BAKKE, DENNIS W
Address: 1005 N GLEBE RD STE 610
City-St-Zip: ARLINGTON, VA 22201

Title: DVPS () Delete
Name: BAKKE, EILEEN H
Address: 1005 N GLEBE RD STE 610
City-St-Zip: ARLINGTON, VA 22201

Title: D () Delete
Name: RUGGIRELLO, JOHN
Address: 1005 N GLEBE RD STE 610
City-St-Zip: ARLINGTON, VA 22201

Title: D () Delete
Name: SLUSSER, SARAH
Address: 1005 NORTH GLEBE ROAD, SUITE 610
City-St-Zip: ARLINGTON, VA 22201

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:

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: EILEEN BAKKE

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05/01/2009

Electronic Signature of Signing Officer or Director

Date