

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003765

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** NATIONAL NETWORK OF DIGITAL SCHOOLS MANAGEMENT FOUNDATION INC.

**Current Principal Place of Business:**

1000 THIRD STREET SUITE 2  
BEAVER, PA 15009

**New Principal Place of Business:**

1000 THIRD STREET  
SUITE 2  
BEAVER, PA 15009

**Current Mailing Address:**

1000 THIRD STREET SUITE 2  
BEAVER, PA 15009

**New Mailing Address:**

1000 THIRD STREET  
SUITE 2  
BEAVER, PA 15009

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 ( ) Delete  
Name: CERJAK, CHARLES  
Address: 101 GARVENHURST DRIVE  
City-St-Zip: BEAVER, PA 15009

Title: TS ( ) Delete  
Name: PACINDA, GEORGE  
Address: 501 WILDWING DRIVE  
City-St-Zip: CRANBERRY TWP, PA 16066

Title: D ( ) Delete  
Name: ZUPPE, DANIEL  
Address: 561 PENN AVE  
City-St-Zip: MIDLAND, PA 15059

Title: D ( ) Delete  
Name: BELLAY, MARY ELLEN  
Address: 825 PENN AVE  
City-St-Zip: MIDLAND, PA 15059

Title: D ( ) Delete  
Name: PENNINGTON, STEPHANIE  
Address: 1061 VIRGINIA AVE  
City-St-Zip: MIDLAND, PA 15059

Title: D ( ) Delete  
Name: VUCKOVICH, DAVE  
Address: 1106 BEAVER AVE  
City-St-Zip: MIDLAND, PA 15059

**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: MARK E ELDER

DOO

01/06/2009

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

\_\_\_\_\_  
Date