

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 DEC 20 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12182006 Chg-P CR2E034 (12/06)

DOCUMENT # L81535 1. Entity Name ARLINGTON COUNTRY DAY SCHOOL II, INC.																																																																													
Principal Place of Business 5725 FT. CAROLINE ROAD JACKSONVILLE, FL 32277 US			Mailing Address 5725 FT. CAROLINE ROAD JACKSONVILLE, FL 32277 US																																																																										
2. Principal Place of Business - No P.O. Box # 5725 Ft. Caroline Rd. Suite, Apt. #, etc.		3. Mailing Address 2428 Marble Dr. Suite, Apt. #, etc.		4. FEI Number 59-3012909 Applied For <input type="checkbox"/> Not Applicable																																																																									
City & State Jacksonville, FL Zip 32277		City & State Jacksonville, FL Zip 32211																																																																											
Country USA		Country USA																																																																											
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent LICHTWARD, FRED C/O ARLINGTON COUNTY DAY SCHOOL 5725 FT. CAROLINE ROAD JACKSONVILLE, FL 32277																																																																									
7. Name and Address of New Registered Agent Name Fred Lichtward Street Address (P.O. Box Number is Not Acceptable) 2428 Marble Dr. City Jacksonville FL Zip Code 32211																																																																													
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 <u><i>Fred Lichtward</i></u> DATE <u>12/18/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>																																																																													
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">VP</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LICHTWARD, DEBORAH A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5725 FT. CAROLINE RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32277</td> <td></td> </tr> <tr> <td>TITLE</td> <td>CFO</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LICHTWARD, DEBORAH A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5725 FT CAROLINE RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32217</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LICHTWARD, FRED H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5725 FT CAROLINE RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32277</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	VP	<input checked="" type="checkbox"/> Delete	NAME	LICHTWARD, DEBORAH A		STREET ADDRESS	5725 FT. CAROLINE RD		CITY-ST-ZIP	JACKSONVILLE, FL 32277		TITLE	CFO	<input checked="" type="checkbox"/> Delete	NAME	LICHTWARD, DEBORAH A		STREET ADDRESS	5725 FT CAROLINE RD		CITY-ST-ZIP	JACKSONVILLE, FL 32217		TITLE	P	<input checked="" type="checkbox"/> Delete	NAME	LICHTWARD, FRED H		STREET ADDRESS	5725 FT CAROLINE RD		CITY-ST-ZIP	JACKSONVILLE, FL 32277		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 607, 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: <u><i>Fred Lichtward President</i></u> DATE: <u>12/18/06</u> (904) <u>673-6122</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																													