

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000528

FILED
Apr 09, 2007
Secretary of State

Entity Name: LIZA JACKSON PREPARATORY SCHOOL, INC.

Current Principal Place of Business:

546 MARY ESTHER CUTOFF
SUITE 1
FT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

546 MARY ESTHER CUTOFF
SUITE 1
FT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-3670866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, ANNETTE
521 DORADO DR.
FT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

ROBERTS, NICOLA
580 MOONEY ROAD NE
FT WALTON BEACH, FL 32547 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: NICOLA ROBERTS

04/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CH () Delete
Name: HENDERSON, JOAN
Address: 72 BOB-BO LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: MARY, GUNTER
Address: 26 YACHT CLUB DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: MCCAIN, MARIANNE
Address: 924 POCAHONTAS DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SEC () Delete
Name: LEE, ANNETTE
Address: 521 DORADO DR.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Delete
Name:
Address:
City-St-Zip:

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: P () Change (X) Addition
Name: ROBERTS, NICOLA T
Address: 580 MOONEY ROAD NE
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the 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: NICOLA ROBERTS

P

04/09/2007

Electronic Signature of Signing Officer or Director

Date