

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003143

FILED
Jan 07, 2008
Secretary of State

Entity Name: NAP FORD COMMUNITY SCHOOL, INC.

Current Principal Place of Business:

648 W. LIVINGSTON
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2031
ORLANDO, FL 328022031

New Mailing Address:

FEI Number: 59-3662275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, PAULINE
648 W LIVINGSTON STREET
ORLANDO, FL 32801 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: COO () Delete
Name: HOPP, CAROLYN DR
Address: P.O. BOX 161250
City-St-Zip: ORLANDO, FL 32821

Title: BCD () Delete
Name: DAVIS, PAULINE
Address: 471 EASTBRIDGE DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: FORD, REBECCA MS
Address: 1109 CORRETTA WAY
City-St-Zip: ORLANDO, FL 32805

Title: T/D () Delete
Name: CAVAZOS, ANN MARIE
Address: 201 BEGGS AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: VCD () Delete
Name: SWANN, KENNETH J
Address: 604 COURTLAND STREET, STE. 200
City-St-Zip: ORLANDO, FL 32804

Title: DR () Delete
Name: PORTER-SMITH, JENNIFER D
Address: 649 WEST LIVINGSTON STREET
City-St-Zip: ORLANDO, FL 32801

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: JENNIFER D. PORTER-SMITH

DR

01/07/2008

Electronic Signature of Signing Officer or Director

Date