2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State
08-07-2007 90029 020 ****70.00

DOCUMENT # N00000006341

1. Entity Name
THE CAMBRIDGE SCHOOL, INC.

66021295

Principal Place of Business	Mailing Address
6101 N HABANA AVE TAMPA, FL 33614	6101 N HABANA AVE TAMPA, FL 33614

07062007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3698938 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHIPPLE, RON MR. 6101 N HABANA AVE TAMPA, FL 33614	Name: Mr. G. Boyd Chitwood Street Address (P.O. Box Number is Not Acceptable): 6101 N. Habana Ave. City: Tampa FL Zip Code: 33614

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 _____ 7/6/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAERWALDE, ROB MR 6101 N. HABANA AVENUE TAMPA, FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLUE, JOSEPH MR 6101 N. HABANA AVENUE TAMPA, FL 33614	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mr. Steve Grove 6101 N Habana Ave. Tampa, FL 33614	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, LOU DR 6101 N. HABANA AVENUE TAMPA, FL 33614	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mr. Jeremy Enns 6101 N. Habana Ave. Tampa, FL 33614	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COBB, MICHAEL MR 6101 N. HABANA AVENUE TAMPA, FL 33614	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mr. David Parcley 6101 N. Habana Ave. Tampa, FL 33614	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEAROLF, WANDA MRS 6101 N HABANA AVE TAMPA, FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dr HELMS, MELISSA MRS 6101 N HABANA AVE TAMPA, FL 33614	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer Mrs. Lynne A. Olsson 6101 N. Habana Ave. Tampa, FL 33614	☐ Change ☒ Addition

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 617, 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: Lynne A. Olsson Lynne A. Olsson 7/6/07 (813)872-6744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #