

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006919

FILED
Apr 25, 2004
Secretary of State

Entity Name: DEERWOOD EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

7717 ROYCROFT DR.
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

7717 ROYCROFT DR.
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 31-1757032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, HENRY
7717 ROYCROFT DR.
NEW PORT RICHEY, FL 34654

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: DIR () Delete
Name: JOHNSON, HENRY E III
Address: 7717 ROYCROFT DR.
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: TRST () Delete
Name: BENTLEY, JON
Address: 5844 PINE HILL RD.
City-St-Zip: PORT RICHEY, FL 34668 US

Title: TRST () Delete
Name: VANETTEN, DOUG
Address: 5844 PINE HILL RD.
City-St-Zip: PORT RICHEY, FL 34668 US

Title: TRST () Delete
Name: KANE, CAROL
Address: 5844 PINE HILL RD.
City-St-Zip: PORT RICHEY, FL 34668

Title: TRST () Delete
Name: RICANATARA, JOANNE
Address: 10735 AYSSOP ST
City-St-Zip: PORT RICHEY, FL 34668 US

Title: TRST (X) Delete
Name: BROWN, KEN
Address: 5844 PINE HILL RD.
City-St-Zip: PORT RICHEY, FL 34668 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRST (X) Change () Addition
Name: VERRENGIA, NICHOLAS
Address: 11536-2 BAYWOOD MEADOWS DR.
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: TRST (X) Change () Addition
Name: TROUTWINE, KATHY
Address: 5844 PINE HILL RD.
City-St-Zip: PORT RICHEY, FL 34668

Title: TRST (X) Change () Addition
Name: PAIGE, DAVID
Address: 5844 PINE HILL RD.
City-St-Zip: PORT RICHEY, FL 34668 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DR. HENRY JOHNSON

DIR

04/25/2004

Electronic Signature of Signing Officer or Director

Date