2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2008 8:00 am Secretary of State 04-15-2008 90010 037 ****61.25

Daytime Phone #

1. Entity Name SADDLEBROOK PREP FOUNDATION, INC.												
5700 SADDLEBROOK WAY 5700				ng Address O SADDLEBROOK WAY LEY CHAPEL, FL 33543-4499					5 11 mm mm m	00024	38 	
2. Principal Place of Business - No P.O. Box # 3. Mail				iling Address								
Suite, Apt. #, etc. Su				uite, Apt. #, etc.			03182008 _{Cr}	ng-NP	CR2E037	7 (12/06)		
City & State			Cit	City & State				4. FEI Number 59-369135	6		<u> </u>	plied For t Applicable
Zip	Zip Country)	ıntry				8.75 Add	litional		
	6. Name	d Agent	Name	7. Name and Address of New Registered Agent								
RIEHLE, GREGORY R 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 33543-4499						Street Address (P.O. Box Number is Not Acceptable)						
						City				FL.	Zip Code	9
8. The above the obligate SIGNATURE	tions of registe	submits this statement in a gent agent. The properties of the pro						ed agent, or both, in when reinstating)	the State of Fl	orida. I am fa	:miliar with,	and accept
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees		lake check rida Departi		
10,	·	OFFICERS AND D	DIRECTORS	··	11.		A	ODITIONS/CHANGE	S TO OFFICE	RS AND DIR	ECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5700 SAD	BREGORY ROBERT DLEBROOK WAY CHAPEL, FL 335434	☐ Delete	1						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEDOUX, ELIZABETH 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 335434499			Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, DON 5700 SADDLEBROOK WAY WESLEY CHAPEL, FL 335434499			☐ Delete					1 .1		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		☐ Delete			S	Diane 7 700 sack 15/ey Chi	allebra	pan u	Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP				□ Delete				7	7		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						-	Change	Addition
12. I hereby of indicated of the conchanged,	certify that the on this report poration or the or on an attac	information supplied wit or supplemental report e receiver of trustee end chmeat with an address,	th this fitting is true and powered to with all oth	does not qualify for accurate and that re execute this report or like empowered	or the exemple signated as required.	emptions co ture shall h red by Cha	ontained ave the s apter 617	in Chapter 119, Flori ame legal effect as il , Florida Statutes; ani	ida Statutes. I I made under d that my nam	further certify oath; that I are se appears in	r that the inf n an officer Block 10 or	formation or director Block 11 if