2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006279

Entity Name: MICANOPY MIDDLE SCHOOL, INC.

FILED Mar 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

708 OKEHUMPKEE ST MICANOPY, FL 32667 MICANOPY, FL 32667

Current Mailing Address: New Mailing Address:

PO BOX 109

MICANOPY, FL 32667

FEI Number: 59-3760561 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, BOBBY 11100 N.W. 188TH ST MICANOPY, FL 32667 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:

Name:

Address:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

() Delete BAKER, FORICK

PO BOX 575 Address: City-St-Zip: STARKE, FL 32091

Title: () Delete Name: BILODEAU, KEITH MR. Address: 18318 SW 1ST ST City-St-Zip: MICANOPY, FL 32667

Title: () Delete CHAMBERS, RONALD Name: Address: 6758 SE 183 PL City-St-Zip: MICANOPY, FL 32667

Title: () Delete BELCHIE, ARIANA Name:

PO BOX 312 City-St-Zip: ORANGE LAKE, FL 32681

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

BAKER, ERICK Name: Address: PO BOX 575 City-St-Zip: STARKE, FL 32091

Title: (X) Change () Addition

Name: BILODEAU, KEITH MR. Address: 18318 SW 1ST ST City-St-Zip: MICANOPY, FL 32667

Title: (X) Change () Addition

CHAMBERS, RONALD Name: Address: 6758 SE 183 PL City-St-Zip: MICANOPY, FL 32667

Title: (X) Change () Addition

Name: BELCHIE, ARIANA Address: PO BOX 312

City-St-Zip: ORANGE LAKE, FL 32681

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.

Ρ SIGNATURE: RONALD CHAMBERS 03/12/2009