2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# N01000006279

Entity Name: MICANOPY MIDDLE SCHOOL, INC.

Current Principal Place of Business:

708 OKEHUMPKEE ST
MICANOPY, FL 32667

New Principal Place of Business:

Current Mailing Address:

PO BOX 109
MICANOPY, FL 32667

New Mailing Address:

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

Name and Address of Current Registered Agent:

JOHNSON, BOBBY
11100 N.W. 188TH ST
MICANOPY, FL 32667 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: T
Name: REYNALDO, DAVID
Address: 21348 NW 150 AVE ROAD
City-St-Zip: MICANOPY, FL 32667

Title: P
Name: GORDON, ALPHONSO MR.
Address: 13745 NE JACKSONVILLE
City-St-Zip: CITRA, FL 32667

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

Title: M
Name: GOODRIDGE, GRACE
Address: 15841 N. US HWY 301 #A
City-St-Zip: CITRA, FL 32113

Title: M
Name: HALL, YVETTE
Address: 13985 JACKSONVILLE RD
City-St-Zip: CITRA, FL 32113

I hereby 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 all other like empowered.

SIGNATURE: BOBBY JOHNSON D 02/17/2011
Electronic Signature of Signing Officer or Director Date