2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008
Secretary of State

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Entity Name: EVERGLADES PREPARATORY ACADEMY, INC.

Current Principal Place of Business:

183 SOUTH LAKE AVENUE
PAHOKEE, FL 33476

New Principal Place of Business:

Current Mailing Address:

P O BOX 557
PAHOKEE, FL 33476

New Mailing Address:

FEI Number: 65-1156772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BORELL, ALEX E ESQ
2889 10 AVE N STE 302
LAKE WORTH, FL 33461 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: D ( ) Delete
Name: AZQUETA, ROBIN W
Address: 190 SUNSET RD
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: AZQUETA, LILLIAN F
Address: ONE NORTH CLEMATIS STREET, SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: FANJUL, EMILIA M
Address: 105 JUNGLE ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete
Name: BORELL, ALEXANDER
Address: 224 DATURA STREET, SUITE 1315
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: RUSSELL, ANTOINE
Address: 183 SOUTH LAKE AVENUE
City-St-Zip: PAHOKEE, FL 33476

Title: D ( ) Delete
Name: WILSON, PATRICIA
Address: 731 EAST 1ST STREET
City-St-Zip: PAHOKEE, FL 33476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: FANJUL, EMILIA M
Address: 105 JUNGLE ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: D (X) Change ( ) Addition
Name: BORELL, ALEXANDER E
Address: 224 DATURA STREET, SUITE 1315
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D (X) Change ( ) Addition
Name: THOMPSON, ALICE
Address: 8 LAKESIDE CIRCLE CANAL
City-St-Zip: PAHOKEE, FL 33476

Title: D (X) Change ( ) Addition
Name: THOMPSON, DONALD
Address: 8 LAKESIDE CIRCLE CANAL
City-St-Zip: PAHOKEE, FL 33476

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

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.

SIGNATURE: EMILIA FANJUL D 03/28/2008

Electronic Signature of Signing Officer or Director — Date