2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 29, 2008
Secretary of State

DOCUMENT# N01000006415

Entity Name: EVERGLADES PREPARATORY ACADEMY, INC.

Current Principal Place of Business:

183 SOUTH LAKE AVENUE
PAHOKEE, FL 33476

New Principal Place of Business:

360 EAST MAIN STREET
BUILDING-C
PAHOKEE, FL 33476

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:	FANJUL, EMILIA M	
Address:	105 JUNGLE ROAD	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	D	( ) Delete
Name:	BORELL, ALEXANDER E	
Address:	224 DATURA STREET, SUITE 1315	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	D	( ) Delete
Name:	THOMPSON, ALICE	
Address:	8 LAKESIDE CIRCLE CANAL	
City-St-Zip:	PAHOKEE, FL 33476	
Title:	D	(X) Delete
Name:	THOMPSON, DONALD	
Address:	8 LAKESIDE CIRCLE CANAL	
City-St-Zip:	PAHOKEE, FL 33476	
Title:	D	(X) 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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	WHITE, VIVIAN	
Address:	187 WEST 5TH STREET	
City-St-Zip:	PAHOKEE, FL 33476	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: ALEX E. BORELL SCC 09/29/2008
Electronic Signature of Signing Officer or Director — Date