## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000006415

FILED Mar 26, 2009 Secretary of State

Entity Name: EVERGLADES PREPARATORY ACADEMY, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
360 EAST BUILDING	MAIN STREET i-C				
PAHOKEE	E, FL 33476				
Current Mailing Address:		New Mailing Addre	New Mailing Address:		
P O BOX : PAHOKEE	557 E, FL 33476		360 EAST MAIN ST BUILDING-C PAHOKEE, FL 334		
FEI Number	: 65-1156772	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	d Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
2889 10 A	ALEX E ESQ VE N STE 302 RTH, FL 33461	US			
	e named entity si e of Florida.	ubmits this statement for the p	urpose of changing its registe	red office or registered agent, or both,	
SIGNATU	RE:				
				_	
	Electroni	Signature of Registered Age	nt	Date	
OFFICER	Electronions AND DIRECT			Date  GES TO OFFICERS AND DIRECTORS	
OFFICER Title: Name: Address: City-St-Zip:	S AND DIRECT	ORS: Delete N W			
Title: Name: Address: City-St-Zip: Title: Name: Address:	D () I AZQUETA, ROBI 190 SUNSET RD WEST PALM BE	ORS: Delete N W  ACH, FL 33401 Delete M AD	ADDITIONS/CHAN Title: Name: Address:	GES TO OFFICERS AND DIRECTORS	
Title: Name: Address:	D ()I AZQUETA, ROBI 190 SUNSET RD WEST PALM BE D ()I FANJUL, EMILIA 105 JUNGLE RO PALM BEACH, F D ()I BORELL, ALEXA	ORS: Delete N W  ACH, FL 33401 Delete M AD L 33480 Delete NDER E REET, SUITE 1315	ADDITIONS/CHAN  Title: Name: Address: City-St-Zip:  Title: Name: Address:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	D ()I AZQUETA, ROBI 190 SUNSET RD WEST PALM BE D ()I FANJUL, EMILIA 105 JUNGLE RO PALM BEACH, F D ()I BORELL, ALEXA 224 DATURA ST WEST PALM BE	ORS: Delete N W  ACH, FL 33401 Delete M AD L 33480 Delete NDER E REET, SUITE 1315 ACH, FL 33401 Delete	ADDITIONS/CHAN  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition  ( ) Change ( ) Addition	

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 BORELL D 03/26/2009