

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007252

FILED
Jan 20, 2009
Secretary of State

Entity Name: ATRIUM SCHOOL, INC.

Current Principal Place of Business:

3957 NW 7 COURT
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

3957 NW 7 COURT
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-1146769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YACURA, THOMAS
3957 NW 7 COURT
DELRAY BEACH, FL 33445 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: PD () Delete
Name: YACURA, THOMAS
Address: 3957 NW 7 COURT
City-St-Zip: DELRAY BEACH, FL 33445

Title: TD () Delete
Name: LATORRE, ELISE
Address: 3957 NW 7 COURT
City-St-Zip: DELRAY BEACH, FL 33445

Title: SD () Delete
Name: MUSELLA, MARIANNE
Address: 12439 PLEASANT GREEN WAY
City-St-Zip: BOYNTON BEACH, FL 33437

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:

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: ELISE LATORRE

TD

01/20/2009

Electronic Signature of Signing Officer or Director

Date