2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90179 002 ****70.00

DOCUMENT # N02000000282

1. Entity Name
FLORIDA PREPARATORY ACADEMY, INC.

Principal Place of Business	Mailing Address
18350 EDGEWATER DR. PORT CHARLOTTE, FL 33948	18350 EDGEWATER DR. PORT CHARLOTTE, FL 33948

2. Principal Place of Business	3. Mailing Address
12100 SW ACADEMY DRIVE	12100 SW ACADEMY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE SUZY, FL	City & State: LAKE SUZY, FL
Zip: 34269 Country: ~~DE~~ DESOTO USA	Zip: 34269 Country: DESOTO - USA

03122004 Chg-NP CR2E037 (10/03)

4. FEI Number 30-0026265 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, STEVE 136 SWAN DRIVE ROTONDA WEST, FL 33947	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ STEVEN A. RODRIGUEZ 3-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TC FREEMAN, BRENT 370 N RIVER RD. ENGLEWOOD, FL 34295	☐ Delete	CHAIRMAN DR. LUIS FERNANDEZ 551 QUAIL DRIVE PUNTA GORDA, FL 33982	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT FERNANDEZ, LUIS 551 QUAIL DR. PUNTA GORDA, FL 33982	☐ Delete	TRUSTEE SHERI GLASTONBURY 162 COUSLEY DR. PT. CHARLOTTE, FL 33952	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODRIGUEZ, STEVE 136 SWAN DRIVE ROTONDA WEST, FL 33947	☐ Delete	TRUSTEE DAVE SHEPARD 162 COUSLEY DRIVE PT. CHARLOTTE, FL 33952	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CERUTI, DONALD 7148 CCOUNTRY TERR. ENGLEWOOD, FL 34224	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DUPONT, BOB 515 VALENCIA RD. VENICE, FL 34235	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOUVELLIS, JIM 160 DUNDWAY, #206 ENGLEWOOD, FL 34223	☑ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3-12-04 941-235-2112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #