


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90210 014 ****61.25

| | | | | | |
|--|-------------------------------|--|--|---|--|
| DOCUMENT # N02000000614 | | | |  | |
| 1. Entity Name MINNEOLA ELEMENTARY SCHOOL, INC. | | | | | |
| Principal Place of Business 300 PEARL ST. CLERMONT, FL 34711 | | | Mailing Address 300 PEARL ST. CLERMONT, FL 34711 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| REAVES, SANDRA W 300 PEARL STREET MINNEOLA, FL 34715 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PD | <input type="checkbox"/> Delete | TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARRETT, DAVID | | NAME | Mizell, Scott | |
| STREET ADDRESS | 1932 BAXTER AVE. | | STREET ADDRESS | 300 Pearl Street | |
| CITY-ST-ZIP | ORLANDO, FL 32806 | | CITY-ST-ZIP | Minneola, FL 34715 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, DIANA | | NAME | Griffith, Bill | |
| STREET ADDRESS | 1732 DISSTON AVE. | | STREET ADDRESS | PO Box 924 | |
| CITY-ST-ZIP | CLERMONT, FL 34711 | | CITY-ST-ZIP | Minneola, FL 34755 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MIZELL, SCOTT | | NAME | Hall, Gayle | |
| STREET ADDRESS | 6675 WESTWOOD BLVD. SUITE 200 | | STREET ADDRESS | 1634 Presidio Dr. Clermont, FL 34711 | |
| CITY-ST-ZIP | ORLANDO, FL 32821 | | CITY-ST-ZIP | | |
| TITLE | CEO | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | REAVES, SANDRA W | | NAME | Merrill, JoAnn | |
| STREET ADDRESS | 300 PEARL STREET | | STREET ADDRESS | 802 Park Valley Cr. | |
| CITY-ST-ZIP | MINNEOLA, FL 34715 | | CITY-ST-ZIP | Minneola, FL 34715 | |
| TITLE | A | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STONE, LEWIS W | | NAME | Lewis, Ardena | |
| STREET ADDRESS | 4850 N. HWY 19 | | STREET ADDRESS | 1798 Presidio Dr. | |
| CITY-ST-ZIP | MOUNT DORA, FL 32757 | | CITY-ST-ZIP | Clermont, FL 34711 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GRIFFITH, BILL | | NAME | Sokoloski, Lori | |
| STREET ADDRESS | 945 CUMBERLAND CR | | STREET ADDRESS | 515 Southridge Rd. | |
| CITY-ST-ZIP | MINNEOLA, FL 34755 | | CITY-ST-ZIP | Clermont, FL 34711 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Sandra W. Reaves</u> | | | Date: <u>4/26/06</u> | | Daytime Phone #: <u>352-394-2600</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |