


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90025 034 \*\*\*\*61.25

<b>DOCUMENT # N02000000614</b> 1. Entity Name <b>MINNEOLA ELEMENTARY SCHOOL, INC.</b>			
Principal Place of Business <b>300 PEARL ST. CLERMONT, FL 34711</b>		Mailing Address <b>300 PEARL ST. CLERMONT, FL 34711</b>	
2. Principal Place of Business - No P.O. Box # <b>320 E. Pearl St.</b>		3. Mailing Address <b>320 E. Pearl St.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Minneola, FL 34</b>		City & State <b>Minneola, FL 34715</b>	
Zip <b>34</b>		Zip <b>34715</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>45-0468799</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>REAVES, SANDRA W 300 PEARL STREET MINNEOLA, FL 34715</b>		7. Name and Address of New Registered Agent Name <b>Reaves, Sandra W.</b> Street Address (P.O. Box Number is Not Acceptable) <b>320 E. Pearl St</b> City <b>Minneola</b> <b>FL</b> Zip Code <b>34715</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARRETT, DAVID 1932 BAXTER AVE. ORLANDO, FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lewis, Ardena 1798 Presidio Dr. Clermont, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MERRILL, JOANN 802 PARK VALLEY CIRCLE MINNEOLA, FL 34715	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gant, Jim 176 Highland Ave Clermont, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIZELL, SCOTT 300 PEARL STREET MINNEOLA, FL 34715	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gant, Jim 176 Highland Ave Clermont, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO REAVES, SANDRA W 300 PEARL STREET MINNEOLA, FL 34715	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gant, Jim 176 Highland Ave Clermont, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A STONE, LEWIS W 4850 N. HWY 19 MOUNT DORA, FL 32757	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gant, Jim 176 Highland Ave Clermont, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOKOLOSKI, LORI 515 SOUTHRIDGE RD CLERMONT, FL 34711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gant, Jim 176 Highland Ave 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.			
<b>SIGNATURE:</b> <i>Sandra W. Reaves</i>		3/28/08 352-394-2600	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	