

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002101

FILED
May 01, 2006
Secretary of State

Entity Name: THE LANGUAGE ACADEMY CHARTER SCHOOL, INC.

Current Principal Place of Business:

4125 US HWY. 19
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4125 US HWY. 19
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 46-0470726 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STITT, MARK
4125 US HWY. 19
NEW PORT RICHEY, FL 34652 US

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: STITT, MARK
Address: 5507 KENTUCKY AVE.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD () Delete
Name: WELCH, PAULA
Address: 6730 RANCHWOOD LOOP
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VD () Delete
Name: OCASIO, WILLIAM
Address: 3110 MERITA DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: TD () Delete
Name: WY SOCK, NANCY
Address: 9334 CLEARMEADOW LN.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: M (X) Change () Addition
Name: COSENTINO, NICHOLAS
Address: 5553 VIOLET DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: M () Change (X) Addition
Name: HIRONS, ERIC
Address: 3575 ROLLING TRAILS
City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK STITT

PD

05/01/2006

Electronic Signature of Signing Officer or Director

Date