

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003380

FILED
Jan 13, 2004
Secretary of State**Entity Name:** HOGGETOWNE MIDDLE SCHOOL, INC.**Current Principal Place of Business:**4328 N W 29TH WAY
GAINESVILLE, FL 32605**New Principal Place of Business:****Current Mailing Address:**4328 N W 29TH WAY
GAINESVILLE, FL 32605**New Mailing Address:****FEI Number:** 55-0795033**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SANTOS, KRISTINE M
4328 N W 29TH WAY
GAINESVILLE, FL 32605**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: SANTOS, KRISTINE M
Address: 4328 N W 29TH WAY
City-St-Zip: GAINESVILLE, FL 32605

Title: VD () Delete
Name: BARINO, JANA S
Address: 4220 N W 20TH STREET
City-St-Zip: GAINESVILLE, FL 32605

Title: TD () Delete
Name: CUNNINGHAM, JEAN
Address: 17802 N E 21ST STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: SD () Delete
Name: BYAM, GABRIELLE S
Address: 1414 N W 7TH STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: TERZIAN, SEVAB
Address: 2415 NW 39TH CT
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: NEWMAN, ARTHUR
Address: 1802 NW 11TH PL
City-St-Zip: GAINESVILLE, FL 32605

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: () 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 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 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: KRISTINE M. SANTOS

PD

01/13/2004

Electronic Signature of Signing Officer or Director

Date