

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003380

FILED
May 14, 2006
Secretary of State

Entity Name: HOGGETOWNE MIDDLE SCHOOL, INC.

Current Principal Place of Business:

3930 N.E. 15TH STREET
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

3930 N.E. 15TH STREET
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 55-0795033 **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:

SANTOS, KRISTINE M
3930 N.E. 15TH STREET
GAINESVILLE, FL 32609 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: D/P () Delete
Name: SANTOS, KRISTINE M
Address: 735 NE 10TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

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

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

Title: D/S (X) Delete
Name: TERZIAN, SEVAN
Address: 2415 NW 39 CT
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Delete
Name: BORINO, JANA S
Address: 4220 NW 20TH ST
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: BYAM, GABRIELLE S
Address: 1414 NW 7TH ST
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: SANTOS, KRISTINE M
Address: 20409 NE 6TH STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/T (X) Change () Addition
Name: BRUNNY, RONNIE
Address: 3746 SW 2ND PLACE
City-St-Zip: GAINESVILLE, FL 32607

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 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: KRISTINE M. SANTOS

D/P

05/14/2006

Electronic Signature of Signing Officer or Director

Date