


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90149 026 ****61.25

DOCUMENT # N02000004355	
1. Entity Name BYRNEVILLE ELEMENTARY SCHOOL, INC.	

Principal Place of Business 1600 BYRNEVILLE RD CENTURY FL 32535	Mailing Address 1600 BYRNEVILLE RD CENTURY FL 32535
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 46-0476957	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WOLFE SULLIVAN, DEE 1600 BYRNEVILLE ROAD CENTURY FL 32535

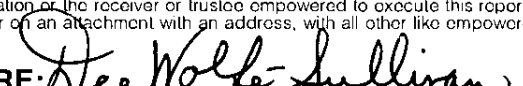
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete KILLAM, MELANIE S 2351 W STATE LINE RD CENTURY FL 32535
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete DUNSFORD, TAME 2241 HWY 168 CENTURY FL 32435
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input checked="" type="checkbox"/> Delete WHITTINGTON, JOE 860 BYRNEVILLE RD CENTURY FL 32535
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete SMITH, TAMMY JO 1472 BYRNEVILLE RD CENTURY FL 32535
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete BARBERREE, TRACY 1051 BYRNEVILLE RD CENTURY FL 32535
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete DIGMON, TINA 191 SIGLER ROAD MC DAVID FL 32568

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LEVINS, RALPH DALE 1410 BYRNEVILLE ROAD CENTURY, FL 32535
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DR. JERRY W. KEESE 7801 BROOMER ROAD CENTURY, FL 32535
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	Dee Wolfe-Sullivan 3/27/07 850-256-6350