2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005895

Entity Name: SANDY COVE ACADEMY, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 18333 DRAYTON ST. 6163 S. WILDERMUTH PT SPRING HILL, FL 34610 HOMOSASSA, FL 34446 **Current Mailing Address: New Mailing Address:** P.O. BOX 11086 SPRING HILL, FL 34610 FEI Number: 01-0740078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RENNICK, SANDRA T RENNICK, SANDRA T 18333 DRAYTON ST. 6163 S. WILDERMUTH PT SPRING HILL, FL 34610 HOMOSASSA, FL 34446 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: 04/30/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete XXXXX, XXXXXXXX XXXXXXXX, XXXX Name: Name: XXXXXXXXXX Address: XXXX Address: City-St-Zip: XXXXXXXXXX, FL 00000 US City-St-Zip: XXXXXXXXXX, XX XXXXXX US Title: () Delete Title: XX (X) Change () Addition ccccccc, cccccc Name: XXXXXXXX, XXXXXXX Name: Address: ccccccccc Address: XXXX City-St-Zip: CCCCCCCCCCC, FL 00000 City-St-Zip: XXXXXXXXX, XX XXXXXX US Title: T/D () Delete Title: () Change () Addition ADKINS, CINDY Name: Name: 17814 OXENHAM AVE Address: Address: City-St-Zip: SPRING HILL, FL 34610 US City-St-Zip: (X) Change () Addition Title: P/D () Delete Title: P/D Name: RENNICK, SANDRA T Name: RENNICK, SANDRA 6163 S. WILDERMUTH PT Address: 18333 DRAYTON ST Address: City-St-Zip: SPRING HILL, FL 34610 US City-St-Zip: HOMOSASSA, FL 34446 US Title: V/D () Delete Title: () Change () Addition SCHEDLER, LIDA Name: Name: 7020 MAYFIELD DR Address: Address: City-St-Zip: PORT RICHEY, FL 34654 US City-St-Zip: Title: () Delete Title: () Change () Addition MEYER, SUSAN Name: Name: 7438 CUMBER DR Address: Address: NEW PORT RICHEY, FL 34653 US City-St-Zip: 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: SANDRA RENNICK P/D 04/30/2004