

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005895

FILED
Apr 30, 2005
Secretary of State

Entity Name: SANDY COVE ACADEMY, INC.

Current Principal Place of Business:

6163 S. WILDERMUTH PT
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11086
SPRING HILL, FL 34610

New Mailing Address:

P.O. BOX 1955
HOMOSASSA, FL 34446

FEI Number: 01-0740078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENNICK, SANDRA T
6163 S. WILDERMUTH PT
HOMOSASSA, FL 34446 US

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: XX () Delete
Name: XXXXXXXX, XXXX
Address: XXXX
City-St-Zip: XXXXXXXXXXXX, XX XXXXXX US

Title: XX () Delete
Name: XXXXXXXX, XXXXXXXX
Address: XXXX
City-St-Zip: XXXXXXXXXX, XX XXXXXX US

Title: T/D () Delete
Name: ADKINS, CINDY
Address: 17814 OXENHAM AVE
City-St-Zip: SPRING HILL, FL 34610 US

Title: P/D () Delete
Name: RENNIC, SANDRA
Address: 6163 S. WILDERMUTH PT
City-St-Zip: HOMOSASSA, FL 34446 US

Title: V/D () Delete
Name: SCHEDLER, LIDA
Address: 7020 MAYFIELD DR
City-St-Zip: PORT RICHEY, FL 34654 US

Title: S/D () Delete
Name: MEYER, SUSAN
Address: 7438 CUMBER DR
City-St-Zip: NEW PORT RICHEY, FL 34653 US

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: SANDRA RENNIC

P/D

04/30/2005

Electronic Signature of Signing Officer or Director

Date