2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# N02000007144

Entity Name: SARASOTA SUNCOAST ACADEMY, INC.

Current Principal Place of Business:

8084 HAWKINS ROAD
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

8084 HAWKINS ROAD
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 22-3872632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAUCOM, LARRY M PHD
8054 HAWKINS ROAD
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

BAUCOM, LARRY M PHD
8000 HAWKINS ROAD
SARASOTA, FL 34241 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: _____ 01/04/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BAUCOM, LARRY M
Address: 7821 SADDLE CREEK TRAIL
City-St-Zip: SARASOTA, FL 34241

Title: T ( ) Delete
Name: BURKS, MITCHELL
Address: 3125 BAY ST.
City-St-Zip: SARASOTA, FL 34237

Title: S ( ) Delete
Name: LEE, H G
Address: 7474 SADDLE CREEK PLACE
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: BAUCOM, LARRY M
Address: 7821 SADDLE CREEK TRAIL
City-St-Zip: SARASOTA, FL 34241

Title: MR (X) Change ( ) Addition
Name: BURKS, MITCHELL
Address: 7661 GLENALLEN BLVD
City-St-Zip: NORTH PORT, FL 34287

Title: MR (X) Change ( ) Addition
Name: GRINER, GREG
Address: 181 ROSELLE COURT
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify 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: LARRY M. BAUCOM DR. 01/04/2008
Electronic Signature of Signing Officer or Director — Date