

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 14, 2009
Secretary of State

DOCUMENT# N03000002732

Entity Name: WESTLAKE PREPARATORY SCHOOL, INC.**Current Principal Place of Business:**4188 S. UNIVERSITY DRIVE
DAVIE, FL 33328**New Principal Place of Business:****Current Mailing Address:**4188 S. UNIVERSITY DRIVE
DAVIE, FL 33328**New Mailing Address:****FEI Number:** 81-0605213**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SAMAREL, ROBERT D
WESTLAKE PREPARATORY SCHOOL, INC.
C/O 4188 S. UNIVERSITY DRIVE
DAVIE, FL 33414 US**Name and Address of New Registered Agent:**GIL, SHIRLEY
WESTLAKE PREPARATORY SCHOOL, INC.
C/O 4188 S. UNIVERSITY DRIVE
DAVIE, FL 33414 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: SHIRLEY GIL

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: SAMAREL, ROBERT MR.
Address: 11658 SW 50TH AVE
City-St-Zip: OCALA, FL 34476

Title: DS () Delete
Name: KIRBY, DONNA MRS.
Address: 1125 YALE DR.
City-St-Zip: HOLLYWOOD, FL 33020

Title: DP () Delete
Name: TOMMIE, DANNY MR.
Address: HC 61 BOX 19EEE
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: ESTERS, JEFF
Address: 11510 NW 56 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: GARCIA, EMMA
Address: 9435 NW 42 STREET
City-St-Zip: SUNRISE, FL 33351

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:

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: DONNA KIRBY

DS

04/14/2009

Electronic Signature of Signing Officer or Director

Date