

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 26, 2009  
Secretary of State**

DOCUMENT# N03000004644

Entity Name: AMBLESIDE SCHOOL OF OCALA, INC.

**Current Principal Place of Business:**

13 NE 36TH AVE  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

1521 SE 36TH AVE  
SUITE 1  
OCALA, FL 34471

**New Mailing Address:**

FEI Number: 30-0178066      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AUSLEY, KENNETH C  
1521 SE 36TH AVE  
SUITE 1  
OCALA, FL 34471 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: DT ( ) Delete  
Name: WERNER, DAVE  
Address: 1122 SE 24TH AVENUE  
City-St-Zip: OCALA, FL 34471

Title: DP ( ) Delete  
Name: AUSLEY, KEN  
Address: 5100 SW 7TH AVENUE RD  
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete  
Name: AUSLEY, SHARI  
Address: 5100 SW 7TH AVENUE RD  
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete  
Name: LACEFIELD, VALARIE  
Address: 5285 SW 85TH ST  
City-St-Zip: OCALA, FL 34476

Title: DS ( ) Delete  
Name: WERNER, BETTY B  
Address: 1122 SE 24TH AVE  
City-St-Zip: OCALA, FL 34471

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DT (X) Change ( ) Addition  
Name: WERNER, DAVID J  
Address: 1122 SE 24TH AVENUE  
City-St-Zip: OCALA, FL 34471

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MILLER, BERNICE  
Address: 4615 SE 58TH PLACE  
City-St-Zip: OCALA, FL 34480

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: SMITH, STEPHANIE G  
Address: 1139 SE 14TH AVE  
City-St-Zip: OCALA, FL 34471

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: DAVID J WERNER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DT

07/26/2009

\_\_\_\_\_  
Date