

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90296 008 ****61.25

DOCUMENT # N03000005039

1. Entity Name

CLEARLAKE PRIVATE SCHOOL, INC.



Principal Place of Business

5990 WALT LOOP RD
LAKELAND FL 33809

Mailing Address

5990 WALT LOOP RD
LAKELAND FL 33809

2. Principal Place of Business

45731 Hwy 27
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 93432
Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

DAVENPORT FL

City & State

LAKELAND FL

4. FEI Number

EIN 57-1188326

Applied For

Not Applicable

Zip

33897

Country

U.S.

Zip

33804-3432

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALLIET, LONNIE
5990 WALT LOOP RD
LAKELAND FL 33809

7. Name and Address of New Registered Agent

Name

LONNIE BALLET

Street Address (P.O. Box Number is Not Acceptable)

45731 Hwy 27

City

DAVENPORT

FL

Zip Code

33897

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lonnie Ballet

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME BALLIET, LONNIE ☐ Delete
STREET ADDRESS 5990 WALT LOOP RD
CITY-ST-ZIP LAKELAND FL 33809

TITLE S
NAME RAYHORN, CYNTHIA ☐ Delete
STREET ADDRESS 41112 MELROSE AVE
CITY-ST-ZIP AEPHYRHILLS FL 33540

TITLE T
NAME SPIRES, PEGGY ☐ Delete
STREET ADDRESS 718 HEMENWAY DR NE
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lonnie Ballet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 863-420-1811
Date Daytime Phone #