

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005039

FILED
Apr 15, 2005
Secretary of State

Entity Name: CLEARLAKE PRIVATE SCHOOL, INC.

Current Principal Place of Business:

45731 HWY 27
DAVENPORT, FL 33897

New Principal Place of Business:

Current Mailing Address:

PO BOX 93432
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 57-1188326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALLIET, LONNIE
45731 HWY 27
DAVENPORT, FL 33897 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: P () Delete
Name: BALLIET, LONNIE
Address: 5990 WALT LOOP RD
City-St-Zip: LAKELAND, FL 33809

Title: S () Delete
Name: RAYHORN, CYNTHIA
Address: 41112 MELROSE AVE
City-St-Zip: AEPHYRHILLS, FL 33540

Title: T () Delete
Name: SPIRES, PEGGY
Address: 718 HEMENWAY DR NE
City-St-Zip: WINTER HAVEN, FL 33881

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:

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: LONNIE BALLIET

P

04/15/2005

Electronic Signature of Signing Officer or Director

Date