2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N03000005039

Entity Name: CLEARLAKE PRIVATE SCHOOL, INC.

Current Principal Place of Business:

45731 HWY 27
DAVENPORT, FL 33897

New Principal Place of Business:

1123 WALT WILLIAMS RD #75
LAKELAND, FL 33809

Current Mailing Address:

45731 HWY 27
DAVENPORT, FL 33897

New Mailing Address:

1123 WALT WILLIAMS RD #75
LAKELAND, FL 33809

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:

BALLIET, LONNIE
1123 WALT WILLIAMS RD #75
LAKELAND, FL 33809 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: CYNTHIA RAYHORN 01/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BALLIET, LONNIE
Address: 45731 HWY 27
City-St-Zip: DAVENPORT, FL 33897

Title: S ( ) Delete
Name: RAYHORN, CYNTHIA
Address: 7130 SANDALWOOD DR
City-St-Zip: PORT RICHEY, FL 34668

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: P (X) Change ( ) Addition
Name: BALLIET, LONNIE
Address: 1123 WALT WILLIAMS RD #75
City-St-Zip: LAKELAND, FL 33809

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: CYNTHIA RAYHORN S 01/16/2009
Electronic Signature of Signing Officer or Director Date