

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006266

FILED
Sep 08, 2008
Secretary of State

Entity Name: DILLON COUNTRY DAY SCHOOL, INC.

Current Principal Place of Business:

13529 E CITRUS DR
LOXAHATCHEE GROVES, FL 33470

New Principal Place of Business:

1925BIRKDALE
WELLINGTON, FL 33414

Current Mailing Address:

13529 E CITRUS DR
LOXAHATCHEE GROVES, FL 33470

New Mailing Address:

1925BIRKDALE
WELLINGTON, FL 33414

FEI Number: 61-1531309 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DILLON, JUDITH
13529 E CITRUS DR
LOXAHATCHEE GROVES, FL 33470 US

Name and Address of New Registered Agent:

DILLON, JUDITH
139 LAKE OLIVE DRIVE
WEST PALM BEACH, FL 33411 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: _____

09/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DILLON, JUDITH M
Address: 13529 E CITRUS DR
City-St-Zip: LOXAHATCHEE GROVES, FL 33470

Title: D () Delete
Name: SMITH, MAUREEN
Address: 12920 GUILFORD CIR
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: RANDELL, GEORGINA
Address: 1084 MULBERRY
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: MCELHANEY, DIANA
Address: 1019 W RAMBLA ST
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DILLON, JUDITH M
Address: 139 LAKE OLIVE DRIVE
City-St-Zip: WELLINGTON, FL 33411

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: JUDITH DILLON

PRES

09/08/2008

Electronic Signature of Signing Officer or Director

Date