

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006266

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: DILLON COUNTRY DAY SCHOOL, INC.

**Current Principal Place of Business:**

1925BIRKDALE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

1925BIRKDALE  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 61-1531309

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DILLON, JUDITH  
139 LAKE OLIVE DRIVE  
WEST PALM BEACH, FL 33411 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: PD ( ) Delete  
Name: DILLON, JUDITH M  
Address: 139 LAKE OLIVE DRIVE  
City-St-Zip: WELLINGTON, FL 33411

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

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

03/25/2009

Electronic Signature of Signing Officer or Director

Date