

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006266

**FILED**  
**Mar 13, 2010**  
**Secretary of State**

**Entity Name:** DILLON COUNTRY DAY SCHOOL, INC.

**Current Principal Place of Business:**

1925BIRKDALE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

1925 BIRKDALE DRIVE  
WELLINGTON, FL 33414 US

**Current Mailing Address:**

1925BIRKDALE  
WELLINGTON, FL 33414

**New Mailing Address:**

1925 BIRKDALE DRIVE  
WELLINGTON, FL 33414 US

**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  
**Name:** DILLON, JUDITH M  
**Address:** 139 LAKE OLIVE DRIVE  
**City-St-Zip:** WEST PALM BEACH, FL 33411 US

**Title:** D  
**Name:** SMITH, MAUREEN  
**Address:** 707 KAY COURT  
**City-St-Zip:** MT. DORA, FL 32757 US

**Title:** D  
**Name:** RANDELL, GEORGINA  
**Address:** 1084 MULBERRY STREET  
**City-St-Zip:** WELLINGTON, FL 33414 US

**Title:** D  
**Name:** MOUSTAKIS, DIANA  
**Address:** 28 MARINE AVE #1L  
**City-St-Zip:** BROOKLYN, NY 11209 US

I hereby 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 all other like empowered.

**SIGNATURE:** JUDITH M. DILLON

PD

03/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date