

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90682 047 \*\*\*\*70.00

**DOCUMENT # N03000010824**

1. Entity Name

BETTON HILLS PREPARATORY SCHOOL, INC.



Principal Place of Business

2205 THOMASVILLE ROAD  
TALLAHASSEE FL 32308

Mailing Address

2205 THOMASVILLE ROAD  
TALLAHASSEE FL 32308

94051004



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0000 0492401

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAUST, ANDY T JR  
2205 THOMASVILLE ROAD  
TALLAHASSEE FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

ANDY T. FAUST, JR

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME FAUST, ANDY T JR  
STREET ADDRESS 2240 ARMISTEAD ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FAUST, ILONA M  
STREET ADDRESS 2240 ARMISTEAD ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FAUST, KATHERINE A  
STREET ADDRESS 1142 W. BLAINE STREET #102  
CITY-ST-ZIP RIVERSIDE CA 92507

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FAUST, ELIZABETH A  
STREET ADDRESS 45 HOLLYWOOD STREET #3  
CITY-ST-ZIP WORCESTER MN 01610

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FAUST, MIGNON C  
STREET ADDRESS 1312 OAKDALE DRIVE  
CITY-ST-ZIP BARTLESVILLE OK 74006

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FAUST, ANDY T SR.  
STREET ADDRESS 1312 OAKDALE DRIVE  
CITY-ST-ZIP BARTLESVILLE OK 74006

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDY T. FAUST, JR

Date

4/9/04

850-385-3853

Daytime Phone #