

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000010824

1. Entity Name
BETTON HILLS PREPARATORY SCHOOL, INC.



Principal Place of Business
2205 THOMASVILLE ROAD
TALLAHASSEE, FL 32308 US

Mailing Address
2205 THOMASVILLE ROAD
TALLAHASSEE, FL 32308 US

FILED

2008 APR 30 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-0492401

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
FAUST, ANDY T, JR
2205 THOMASVILLE RD.
TALLAHASSEE, FL 32308 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FAUST, ILONA M.
2205 THOMASVILLE RD.
TALLAHASSEE, FL 32308 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FAUST, KATHERINE A.
2205 THOMASVILLE RD.
TALLAHASSEE, FL 32308 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FAUST ELIZABETH A.
2205 THOMASVILLE RD
TALLAHASSEE, FL 32308 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500127342865
04/30/08--01014--018 ***122.50 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FAUST, ANDY T, JR
2205 THOMASVILLE RD.
TALLAHASSEE, FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FAUST ANDY T, JR
2205 THOMASVILLE RD.
TALLAHASSEE, FL 32308 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/08

850 422 2464