

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001349

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** COLLEGE HILL PREPARATORY ACADEMY, INC.

**Current Principal Place of Business:**

6414 N 30TH STREET  
TAMPA, FL 336101420

**New Principal Place of Business:**

**Current Mailing Address:**

6414 N 30TH STREET  
TAMPA, FL 336101420

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

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

DAVIS, CHARLES  
6414 N 30TH STREET  
TAMPA, FL 336101420 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: DAVIS, CHARLES  
Address: 8102 JAD DRIVE  
City-St-Zip: TAMPA, FL 336196532

Title: PD  
Name: ROBERSON, DAVID  
Address: 5010 WESLEY DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: SD  
Name: MANORA, FLOSSIE  
Address: 27013 SEA BREEZE WAY  
City-St-Zip: ZEPHYRHILLS, FL

Title: TD  
Name: DAVIS-BOYD, LATONIA  
Address: 9226 HIDDEN WATERS CIR  
City-St-Zip: RIVERVIEW, FL 335693028

Title: D  
Name: HARVEY, HAZEL  
Address: 4315 W GREEN ST.  
City-St-Zip: TAMPA, FL 33607

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: CHARLES DAVIS

CD

05/01/2010

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

\_\_\_\_\_  
Date