

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001557

FILED
Mar 04, 2009
Secretary of State

Entity Name: THE WILLOW SCHOOL, INC.

Current Principal Place of Business:

950 43RD AVE.
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

950 43RD AVE
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 54-2143707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTRIASA, SHAKTI
479 PONOKA ST
SEBASTIAN, FL 32958 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: V () Delete
Name: SUTRIASA, SHAKTI
Address: 479 PONOKA ST
City-St-Zip: SEBASTIAN, FL 32958

Title: P () Delete
Name: REINHALTER, GOVINDA
Address: P.O. BOX 754
City-St-Zip: ROSELAND, FL 32957

Title: S () Delete
Name: ASTON, KRISTEN
Address: P.O. BOX 780447
City-St-Zip: SEBASTIAN, FL 32978

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: SUTRIASA, SHAKTI
Address: 479 PONOKA ST
City-St-Zip: SEBASTIAN, FL 32958

Title: P (X) Change () Addition
Name: REINHALTER, GOVINDA
Address: 479 PONOKA ST
City-St-Zip: SEBASTIAN, FL 32958

Title: V (X) Change () Addition
Name: KENNEY, KIRBY
Address: 551 WALL STREET
City-St-Zip: VERO BEACH, FL 32960

Title: T () Change (X) Addition
Name: LANDERS, GWEN
Address: 2015 9TH ST SW
City-St-Zip: VERO BEACH, FL 32962

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: SHAKTI SUTRIASA

S

03/04/2009

Electronic Signature of Signing Officer or Director

Date