# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 05, 2007**
**Secretary of State**

DOCUMENT# N04000003248

**Entity Name:** WALDEN COMMUNITY SCHOOL, INC.

**Current Principal Place of Business:**

1211 WOODMERE DRIVE
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1211 WOODMERE DRIVE
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number: 27-0086685** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BLOOMQUIST MIKULKA, CAROL
1211 WOODMERE DRIVE
WINTER PARK, FL 32789 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: | D | ( ) Delete |
| Name: | BLOOMQUIST MIKULKA, CAROL | |
| Address: | 1211 WOODMERE DRIVE | |
| City-St-Zip: | WINTER PARK, FL 32789 | |
| Title: | D | ( ) Delete |
| Name: | MIKULKA, ANTHONY | |
| Address: | 1211 WOODMERE DRIVE | |
| City-St-Zip: | WINTER PARK, FL 32789 | |
| Title: | D | (X) Delete |
| Name: | GLANTZ, ELLEN | |
| Address: | 4989 SAWDUST CIR | |
| City-St-Zip: | OCOEE, FL 34761 | |
| Title: | D | ( ) Delete |
| Name: | MILLER, ELLEN | |
| Address: | 284 HUNTERS PT TRL | |
| City-St-Zip: | LONGWOOD, FL 32779 | |
| Title: | D | (X) Delete |
| Name: | HODGES, DEBORAH | |
| Address: | 4407 PONKAN RD | |
| City-St-Zip: | APOPKA, FL 32712 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL BLOOMQUIST MIKULKA DR 01/05/2007

Electronic Signature of Signing Officer or Director — Date