

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000003248

1. Entity Name
WALDEN COMMUNITY SCHOOL, INC.



Principal Place of Business
1211 WOODMERE DRIVE
WINTER PARK, FL 32789

Mailing Address
1211 WOODMERE DRIVE
WINTER PARK, FL 32789



01102008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
27-0086685

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLOOMQUIST MIKULKA, CAROL
1211 WOODMERE DRIVE
WINTER PARK, FL 32789

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IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME BLOOMQUIST MIKULKA, CAROL
STREET ADDRESS 1211 WOODMERE DRIVE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE D
NAME MIKULKA, ANTHONY
STREET ADDRESS 1211 WOODMERE DRIVE
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE D
NAME MILLER, ELLEN
STREET ADDRESS 284 HUNTERS PT TRL
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08 407-645-3777

Date

Daytime Phone #