


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90023 025 ****70.00

DOCUMENT # N05000005441 1. Entity Name FREEDOM ACADEMY OF ROTONDA WEST, INC.			
Principal Place of Business 2100 ENGLEWOOD RD ENGLEWOOD, FL 34223		Mailing Address 13585 BENNETT DR PORT CHARLOTTE, FL 33981	
2. Principal Place of Business - No P.O. Box # 2100 Englewood Rd		3. Mailing Address 2231 Guava Rd	
Suite, Apt. #, etc. 0		Suite, Apt. #, etc.	
City & State Englewood, FL		City & State Venice, FL	
Zip 34223		Zip 34293	
Country Sarasota		Country Sarasota	
4. FEI Number 20-2909066		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOD, DEBORAH A MRS 13585 BENNETT DR PORT CHARLOTTE, FL 33981		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 WOOD, DEBORAH A 13585 BENNETT DRIVE PORT CHARLOTTE, FL 33981	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Wood, Deborah A. 2231 Guava Rd Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC JONES, KARI 5309 MAHONEY STREET PORT CHARLOTTE, FL 33981	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOCKE, HILARIE 10323 WILLMINGTON BLVD ENGLEWOOD, FL 34224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Johnson, Lisa M 697 Rotonda Circle Rotonda West, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.			
SIGNATURE: Deborah A. Wood <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-11-08 <small>Date</small>	
		941-473-8165 <small>Daytime Phone #</small>	