

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90019 032 ****61.25

DOCUMENT # N06000000698 1. Entity Name MASCOTTE ELEMENTARY SCHOOL, INC.					
Principal Place of Business 513 ALBROOK STREET MASCOTTE, FL 34753			Mailing Address 513 ALBROOK STREET MASCOTTE, FL 34753		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 86-1171434	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FERGUSON, ELAINE I 513 ALBROOK STREET MASCOTTE, FL 34753				7. Name and Address of New Registered Agent Name Wayne Cockcroft 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 <i>Wayne Cockcroft</i> Wayne Cockcroft 1/16/07 <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, 2007		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIO, JOSE JR. <input type="checkbox"/> Delete 102 LEE CATHERINE CIRCLE GROVELAND, FL 34736				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBO-RAMIREZ, DEANNA <input checked="" type="checkbox"/> Delete 17845 TUSCANOOGA ROAD GROVELAND, FL 34736				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSE, JOHN <input checked="" type="checkbox"/> Delete 16901 TUSCANOOGA ROAD GROVELAND, FL 34736				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANFORD, STEPHEN <input type="checkbox"/> Delete 3737 INDIGO ROAD GROVELAND, FL 34736				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLANUEVA, ELIZABETH <input type="checkbox"/> Delete 210 PEARL STREET MASCOTTE, FL 34753				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, CARRIE <input type="checkbox"/> Delete 530 E HIGHLAND AVENUE CLERMONT, FL 34711				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Wayne Cockcroft STREET ADDRESS 11928 Cypress Landing Avenue CITY-ST-ZIP Clermont, FL 34711					
D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME William Stone STREET ADDRESS P.O. Box Drawer 120520 CITY-ST-ZIP Clermont, FL 34711					
D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Dr. Joanne Jones STREET ADDRESS 12201 Cypress Landing CITY-ST-ZIP Clermont, FL 34711					
D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Glen Jones STREET ADDRESS 81 North Carol Ave. CITY-ST-ZIP Mascotte, FL 34753					
P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Stephen Sanford STREET ADDRESS 3737 Indigo Road CITY-ST-ZIP Groveland FL 34736					
VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Jose Rubio STREET ADDRESS 102 Lake Catherine Circle CITY-ST-ZIP Groveland, FL 34736					
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: <i>Wayne Cockcroft</i> Wayne Cockcroft 1/16/07 (352) 429-2533 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>					

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