

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-16-2008 90048 047 ****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 # 460 MIDWAY AVENUE		3. Mailing Address 460 MIDWAY AVENUE															
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 															
City & State MASCOTTE		City & State MASCOTTE		4. FEI Number 86-1171434													
Zip 34753		Country LAKE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required													
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 COCKCROFT, WAYNE A. Street Address (P.O. Box Number is Not Acceptable) 460 MIDWAY AVENUE City MASCOTTE FL Zip Code 34753															
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 <u><i>Wayne Cockcroft</i></u> 1-11-08 <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																	
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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: <u><i>Wayne Cockcroft</i></u> 1-11-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																	