# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 05, 2011**
**Secretary of State**

DOCUMENT# N06000000698

**Entity Name:** MASCOTTE ELEMENTARY SCHOOL, INC.

**Current Principal Place of Business:**

460 MIDWAY AVE
MASCOTTE, FL 34753

**New Principal Place of Business:**

**Current Mailing Address:**

460 MIDWAY AVE
MASCOTTE, FL 34753

**New Mailing Address:**

**FEI Number: 86-1171434** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

STONE & GERKEN, PA
4850 N. HIGHWAY 19A
MOUNT DORA, FL 32757 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: MR.
Name: SANFORD, STEPHEN
Address: 3737 INDIGO ROAD
City-St-Zip: GROVELAND, FL 34736

Title: MR.
Name: RUBIO, JOSE
Address: 102 LAKE CATHERINE CIRCLE
City-St-Zip: GROVELAND, FL 34736

Title: MRS.
Name: VILLANUEVA, ELIZABETH
Address: 210 PEARL STREET
City-St-Zip: MASCOTTE, FL 34753

Title: MR.
Name: STONE, LEWIS W
Address: 4850 N HIGHWAY 19A
City-St-Zip: MOUNT DORA, FL 32757

Title: MR.
Name: COCKCROFT, WAYNE
Address: 11928 CYPRESS LANDING AVE
City-St-Zip: CLERMONT, FL 34711

Title: MRS.
Name: JONES, JOANN DR.
Address: CYPRESS LANDING AVE
City-St-Zip: CLERMONT, FL 34711

I hereby 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 all other like empowered.

SIGNATURE: WAYNE COCKCROFT MR. 01/05/2011
Electronic Signature of Signing Officer or Director Date