

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 06, 2008
Secretary of State**

DOCUMENT# N06000003318

Entity Name: GOODWILL MANASOTA ACADEMY, INC.

Current Principal Place of Business:

8490 NORTH LOCKWOOD RIDGE ROAD
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

4300 N. UNIVERSITY DRIVE
SUITE C201
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 20-4714993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARTER SCHOOL ASSOCIATES, INC.
4300 N. UNIVERSITY DRIVE
SUITE C201
SUNRISE, FL 33351 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: C () Delete
Name: ROBERTS, DONALD
Address: 8490 NORTH LOCKWOOD RIDGE ROAD
City-St-Zip: SARASOTA, FL 34243

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC () Change (X) Addition
Name: MORRIS, BOB
Address: 8490 NORTH LOCKWOOD RIDGE ROAD
City-St-Zip: SARASOTA, FL 34243

Title: S () Change (X) Addition
Name: MEE, JANICE
Address: 8490 NORTH LOCKWOOD RIDGE ROAD
City-St-Zip: SARASOTA, FL 34243

Title: T () Change (X) Addition
Name: SMITH, RICK
Address: 8490 NORTH LOCKWOOD RIDGE ROAD
City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONALD ROBERTS

C

02/06/2008

Electronic Signature of Signing Officer or Director

Date