


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90014 039 \*\*\*\*61.25

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # N06000008515</b><br>1. Entity Name<br><b>KEYSTONE PREPARATORY SCHOOL, INC.</b>   |   |   |   |                        |  |
| Principal Place of Business<br><b>12606 HENDERSON ROAD<br/>TAMPA, FL 33625</b>   |   |   | Mailing Address<br><b>12606 HENDERSON ROAD<br/>TAMPA, FL 33625</b>  |   |  |
| 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   | 4. FEI Number<br><b>20-5596837</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KARNISKI, WALT MD<br/>12606 HENDERSON ROAD<br/>TAMPA, FL 33625</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>  |   |   |   |   |  |
| <b>Filing Fee is \$81.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| Make check payable to<br><b>Florida Department of State</b>  |   |   |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DPT<br>KARNISKI, WALT MD<br>12606 HENDERSON ROAD<br>TAMPA, FL 33625 <div style="text-align: right;"><input type="checkbox"/> Delete</div>             |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVS<br>DELANEY, LOIS MA<br>12606 HENDERSON ROAD<br>TAMPA, FL 33625 <div style="text-align: right;"><input type="checkbox"/> Delete</div>              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>READ, WILLIAM T MD<br>8735 CONCORD COURT<br>INVER GROVE HEIGHTS, MN 55076 <div style="text-align: right;"><input type="checkbox"/> Delete</div>  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>OLDHAM, CHARLES MA<br>901 ATWATER ROAD<br>LAKE OSWEGO, OR 97034 <div style="text-align: right;"><input type="checkbox"/> Delete</div>            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>LARSON, AMELIA V M.A. ED<br>6618 GLENCOE DRIVE<br>TEMPLE TERRACE, FL 33617 <div style="text-align: right;"><input type="checkbox"/> Delete</div> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| 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>Walt Karniski</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | Date: <u>3/27/07</u> <u>813-264-4528</u><br><small>Daytime Phone #</small>  |   |  |