2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008
Secretary of State

DOCUMENT# N06000010245

Entity Name: CHAMBERLAIN HIGH SCHOOL CAPS PARENT ORGANIZATION, INC.

Current Principal Place of Business:

9401 NORTH BOULEVARD
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

9401 NORTH BOULEVARD
TAMPA, FL 33612

New Mailing Address:

FEI Number: 20-5639077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEBOER, BRENDA
9401 NORTH BOULEVARD
TAMPA, FL 33612 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: P ( ) Delete
Name: DEBOER, BRENDA
Address: 3328 CHEVIOT DRIVE
City-St-Zip: TAMPA, FL 33618

Title: VP ( ) Delete
Name: STROBRIDGE, LORRAINE
Address: 13708 WILKES DRIVE
City-St-Zip: TAMPA, FL 33618

Title: VP ( ) Delete
Name: AKE, HEIDI
Address: 10501 ORANGE GROVE COURT
City-St-Zip: TAMPA, FL 33618

Title: T ( ) Delete
Name: PULLARO, SUZETTE
Address: 1612 MAGDALENE MANOR DRIVE
City-St-Zip: TAMPA, FL 33613

Title: S ( ) Delete
Name: STARK, VALERIE
Address: 1908 W. MEADOWBROOK AVE.
City-St-Zip: TAMPA, F: 33612

Title: S ( ) Delete
Name: FREEMAN, KORI
Address: 13318 GOLF CREST CIRCLE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: SUZETTE PULLARO T 03/04/2008
Electronic Signature of Signing Officer or Director — Date