2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N06000010913

Entity Name: BIG PINE ELEMENTARY ACADEMY, INC.

Current Principal Place of Business:

30220 OVERSEAS HIGHWAY
BIG PINE KEY, FL 33043

New Principal Place of Business:

Current Mailing Address:

30220 OVERSEAS
BIG PINE KEY, FL 33043

New Mailing Address:

FEI Number: 20-5732425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOFFMAN, CATHY
30220 OVERSEAS HIGHWAY
BIG PINE KEY, FL 33043 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:	ADM	( ) Delete
Name:	HOFFMAN, CATHY	
Address:	30220 OVERSEAS HIGHWAY	
City-St-Zip:	BIG PINE KEY, FL 33043	
Title:	D	( ) Delete
Name:	PETER, ROSASCO	
Address:	30220 OVERSEAS HIGHWAY	
City-St-Zip:	BIG PINE KEY, FL 33043	
Title:	D	( ) Delete
Name:	HUGHES, PHILIP	
Address:	30220 OVERSEAS HIGHWAY	
City-St-Zip:	BIG PINE KEY, FL 33043	
Title:	D	( ) Delete
Name:	KRAMER, PATRICIA	
Address:	30220 OVERSEAS HIGHWAY	
City-St-Zip:	BIG PINE KEY, FL 33043	
Title:	D	( ) Delete
Name:	FIDLER, RUTH	
Address:	30220 OVERSEAS HIGHWAY	
City-St-Zip:	BIG PINE KEY, FL 33043	
Title:	D	( ) Delete
Name:	SCHMIDT, JIMMY	
Address:	30220 OVERSEAS HIGHWAY	
City-St-Zip:	BIG PINE KEY, FL 33043	

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: CATHY HOFFMAN ADM 04/29/2008

Electronic Signature of Signing Officer or Director — Date