

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010913

FILED
Apr 23, 2009
Secretary of State

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 ()

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: D (X) Change () Addition
Name: THOMAS, MULLANE
Address: 30220 OVERSEAS HIGHWAY
City-St-Zip: BIG PINE KEY, FL 33043

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

04/23/2009

Electronic Signature of Signing Officer or Director

Date