

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90048 028 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N07000006944

1. Entity Name
WESTPORT PRIVATE SCHOOL, INC.



Principal Place of Business
2549 SW IMPORT DRIVE
PORT SAINT LUCIE, FL 34987 US

Mailing Address
2549 SW IMPORT DRIVE
PORT SAINT LUCIE, FL 34987 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
42-1733997

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRUDEAU, COLLETTE B
2549 SW IMPORT DRIVE
PORT SAINT LUCIE, FL 34987

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME TRUDEAU, COLLETTE B
STREET ADDRESS 2549 SW IMPORT DRIVE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34987 ☐ Delete

TITLE P/D
NAME Trudeau, Collette B
STREET ADDRESS 2549 SW Import Drive
CITY-ST-ZIP Port SAINT LUCIE, FL 34987 ☒ Change ☐ Addition

TITLE VP
NAME TRUDEAU, GARY B JR
STREET ADDRESS 2549 SW IMPORT DRIVE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34987 ☐ Delete

TITLE VP/D
NAME Trudeau, Gary B Jr
STREET ADDRESS 2549 SW Import Drive
CITY-ST-ZIP Port Saint Lucie, FL 34987 ☒ Change ☐ Addition

TITLE S
NAME BEVAN, CYRIL
STREET ADDRESS 2589 SW IMPORT DRIVE
CITY-ST-ZIP PORT SAINT LUCIE, FL 35987 ☐ Delete

TITLE S/D
NAME Bevan, Cyril
STREET ADDRESS 2589 SW Import Drive
CITY-ST-ZIP Port SAINT LUCIE, FL 34987 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Collette B Trudeau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-08 (772) 336-2155
Date Daytime Phone #