

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003964

FILED
Apr 30, 2009
Secretary of State

Entity Name: CAMPUS DEVELOPMENTAL RESEARCH SCHOOLS, INC.

Current Principal Place of Business:

3535 TODD LANE
MIMS, FL 32754

New Principal Place of Business:

3805 CURTIS BLV.
PORT ST. JOHN, FL 32927

Current Mailing Address:

3535 TODD LANE
MIMS, FL 32754

New Mailing Address:

3805 CURTIS BLV.
PORT ST. JOHN, FL 32927

FEI Number: 26-2526205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLIFFORD, ELAINE DR.
3535 TODD LANE
MIMS, FL 32754 US

Name and Address of New Registered Agent:

CLIFFORD, ELAINE
3805 CURTIS BLVD
PORT ST. JOHN, FL 32927 US

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: ELAINE F. CLIFFORD, PH.D.

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLIFFORD, ELAINE DR.
Address: 3535 TODD LANE
City-St-Zip: MIMS, FL 32754

Title: V () Delete
Name: STRICKLAND, GRADY
Address: 960 LUNDY DRIVE
City-St-Zip: TITUSVILLE, FL 32796

Title: ST () Delete
Name: MOENING, CAROL
Address: 4475 CURTIS BOULEVARD
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: CLIFFORD, ELAINE DR.
Address: 3535 TODD LANE
City-St-Zip: MIMS, FL 32754

Title: P (X) Change () Addition
Name: STRICKLAND, GRADY
Address: 960 LUNDY DRIVE
City-St-Zip: TITUSVILLE, FL 32796

Title: V (X) Change () Addition
Name: MUTTER, ROBERT
Address: 3760 CURTIS BLVD
City-St-Zip: PORT ST JOHN, FL 32927

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: ELAINE F. CLIFFORD, PH.D.

ST

04/30/2009

Electronic Signature of Signing Officer or Director

Date