2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# N08000007283

Entity Name: PARENTS OF THE ATHENIAN ACADEMY OF PASCO INC.

Current Principal Place of Business:

3120 SEVEN SPRINGS BLVD.
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

3120 SEVEN SPRINGS BLVD.
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 30-0499669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RIMOS, ROBERT
878 CRESTRIDGE CIR.
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

RIMOS, THOMAS A
3120 SEVEN SPRINGS BLVD
NEW PORT RICHEY, FL 34655 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: THOMAS A RIMOS 05/12/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HAIMES, ROBERT
Address: 878 CRESTRIDGE CIR.
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VD ( ) Delete
Name: MORRIS, HOWARD
Address: 3118 7 SPRINGS BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: STD ( ) Delete
Name: CHU, EDNA
Address: 5446 JOBETH DR., APT. D
City-St-Zip: NEW PORT RICHEY, FL 34652

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:

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: ROBERT HAIMES PD 05/12/2009
Electronic Signature of Signing Officer or Director Date