2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N08000009092

Entity Name: NEW ALTERNATIVE EDUCATION HIGH SCHOOL OF HERNANDO COUNTY, INC.

Current Principal Place of Business:

GOREN CHEROF DOODY & EZROL, P.A.
3099 EAST COMMERCIAL BLVD STE 200
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

GOREN CHEROF DOODY & EZROL, P.A.
3099 EAST COMMERCIAL BLVD STE 200
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 26-4363198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KLAHR, JULIE F
GOREN CHEROF DOODY & EZROL, P.A.
3099 EAST COMMERCIAL BLVD STE 200
FORT LAUDERDALE, FL 33308 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: DP ( ) Delete
Name: ROWDEN, DIANE
Address: 20 NORTH MAIN STREET
City-St-Zip: BROOKSVILLE, FL 34601

Title: D (X) Delete
Name: COLBERT, PAT
Address: 8398 INDIAN LAUREL LANE
City-St-Zip: BROOKSVILLE, FL 34613

Title: D (X) Delete
Name: PRESCOTT, LINDA
Address: 3402 AMBERJACK DRIVE
City-St-Zip: HERNANDO BEACH, FL 34601

Title: D (X) Delete
Name: SCHRIVEN, HERMAN
Address: 11375 LABRADOR DUCK ROAD
City-St-Zip: SPRING HILL, FL 34614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: COLBERT, PAT
Address: 8398 INDIAN LAUREL LANE
City-St-Zip: BROOKSVILLE, FL 34613

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: PAT COLBERT DP 04/22/2009
Electronic Signature of Signing Officer or Director — Date