

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008754

FILED
Apr 30, 2010
Secretary of State

Entity Name: SCHS MAGNET PARENT PARTNERSHIP, INC.

Current Principal Place of Business:

4691 GALLAGHER ROAD
DOVER, FL 33527 US

New Principal Place of Business:

Current Mailing Address:

4691 GALLAGHER ROAD
DOVER, FL 33527 US

New Mailing Address:

FEI Number: 80-0174880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLOWERS, CINDY A
3706 PIERCE HARWELL LOOP
PLANT CITY, FL 33565 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: P
Name: BALLARD, JOSIE
Address: 2614 GIANT PLACE
City-St-Zip: SEFFNER, FL 33584 US

Title: TRES
Name: FLOWERS, CINDY A
Address: 3706 PIERCE HARWELL LOOP
City-St-Zip: PLANT CITY, FL 33565 US

Title: SEC
Name: OLNEY, DEBBIE
Address: 1914 DOCKSIDE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: VP
Name: SHIRLEY, KELLY
Address: 2308 FRITZKE ROAD
City-St-Zip: DOVER, FL 33527

Title: VP
Name: GONZALES, MELISSA
Address: 904 HELENA DRIVE
City-St-Zip: BRANDON, FL 33511

Title: HIST
Name: CAMP, BOBBI
Address: 3717 QUAIL NESTING PLACE
City-St-Zip: PLANT CITY, FL 33565

I hereby 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 all other like empowered.

SIGNATURE: CINDY FLOWERS

TRES

04/30/2010

Electronic Signature of Signing Officer or Director

Date