

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006686

FILED  
Mar 31, 2011  
Secretary of State

**Entity Name:** COLLEGE PREPARATORY ACADEMY OF THE TREASURE COAST, INC.

**Current Principal Place of Business:**

2303 SW CHESTNUT LANE  
PORT SAINT LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

2303 SW CHESTNUT LANE  
PORT SAINT LUCIE, FL 34953 US

**New Mailing Address:**

**FEI Number:** 80-0624624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAINS, ERIKA  
2303 SW CHESTNUT LANE  
PORT SAINT LUCIE, FL 34953 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:** D  
**Name:** FAIELLA, JOANN  
**Address:** 121 SW PORT ST. LUCIE BLVD  
**City-St-Zip:** PORT SAINT LUCIE, FL 34987 US

**Title:** D  
**Name:** PINNEY, TERI  
**Address:** 1263 SW CEDAR COVE  
**City-St-Zip:** PORT SAINT LUCIE, FL 33986 US

**Title:** S  
**Name:** KEENE, TRUDY  
**Address:** 24 CROSSINGS CIRCLE #E  
**City-St-Zip:** BOYNTON BEACH, FL 33435

**Title:** VC  
**Name:** STEFANO, STEVEN  
**Address:** 23 VA D CASAS SUR #203  
**City-St-Zip:** BOYNTON BEACH, FL 33426

**Title:** D  
**Name:** KRISCHKE, SANDRA  
**Address:** 8407 FT. WALTON AVE.  
**City-St-Zip:** FT. PIERCE, FL 34951

**Title:** D  
**Name:** LEMOINE, KENNETH  
**Address:** 712 NORTH OLIVE AVE  
**City-St-Zip:** WEST PALM BEACH, FL 33401

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:** TRUDY KEENE

S

03/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date