## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N33716** 

## FILED Jan 30, 2006 8:00 am Secretary of State 01-30-2006 90058 050 \*\*\*\*61.25

## APPLEYAND DRIVE TALLAHASSEE, FL 32304 US  ## A FEI Number of Country	COMMUNITIES IN SCHOOLS OF FLORIDA, INC.					
Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Site Cardificate of Status Desired  Site Required  For R	444 APPLEYARD DRIVE 444 AP		444 APPLEYARD DRIVE	04 US		
City & State  Country  S. Certificate of Status Desired  S. Statisus Desired  S. State of Status Desired  S. State of State of Status Desired  S. State of State of Status Desired  State of State o	Principal Place of Business 3. N		3. Mailing Address			
Sc. 0139769   St. Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242006 Chg-NP CR2E037 (11/05)	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  LOTS L. Gracey President  SIGNATURE  PHING Fee. Is. \$61.25  Due by May 1, 2006  9. Election Campaign Francing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  110. OFFICERS AND DIRECTORS  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  110. OFFICERS AND SIRET MORESS  CITY-ST-2P  JACKSONVILLE, FL 32207  TITLE  CD  ADAMS, KATHY  SIRET MORESS	City & State		City & State		0.5 0.4 0.0 7.0 0	
STREET ADDRESS CONTY-ST-2P  ADDRESS MANUEL, FL 32207  TITE  NAME  ADDRESS MANUEL, FL 32207  ADDRESS MANUEL, FL 32207  TITE  NAME  ADDRESS MANUEL, FL 32207  TITE  ADDRESS MANUEL, FL 32207  TITE  NAME  ADDRESS MANUEL, FL 32207  TITE  ADDRESS	Zìp			Country	Fee Required	
STREET ADDRESS / SO S AUSTRALIAN AVE. #104  WESSEPSMITH, FRANK SIREET ADDRESS / SO SAUSTRALIAN AVE. #104  WESSEPSMITH / Change / Addition  WARREST ADDRESS / SO SAUSTRALIAN AVE. #104  WESSEPSMITH / Change / Addition  WARREST ADDRESS / SO SAUSTRALIAN	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Street Addross (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	0.000	1.010.1		Name		
City FL Zip Code  8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE LOIS L. Gracey President  Signature, they are printed remark of implaner/holen are the stockaste.  Filling Fee. Is. \$61.25  Due by May 1, 2006  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE  TO MAKE Check payable to Florida Department of State  Added to Fees  Florida Department of State  Added to Fees  Florida Department of State  Added to Fees  Florida Department of State  OATE  Added to Fees  Florida Department of State  Added to Fees  Florida Department of State  Added to Fees  Florida Department of State  OATE  Added to Fees  Florida Department of State  TILE  TO Make Check payable to Florida Department of State  TILE  TO Make Check payable to Plant of State  Added to Fees  Florida Department of State  TILE  TO Make Check payable to Plant of State  Added to Fees  Florida Department of State  TILE  TO LARCH EVALUATION FROM THE MAKE STREET ADDRESS  CITY ST-2P  TO LARCH EVALUATION FROM THE MAKE STREET ADDRESS  CITY ST-2P  TO LARCH EVALUATION FROM THE MAKE STREET ADDRESS  TO LARCH EVALU	444 APPLEYARD DRIVE			Street Addres	s (P.O. Box Number is Not Acceptable)	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE LOIS L. Gracey. President Law Law L. Law L	, , , , , , ,			City	. Zin Code	
SIGNATURE LOIS L. Grace y President Have a production of the particle and the ill applicable.  Filling Fee Is. \$61.25  Due by May 1, 2006  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  TD. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  TO. ADDITIONS/CHANGES IN 10  TITLE  TO. ADDITIONS/CHANGES IN 10  TO. ADDITIONS/CHANGES IN	FL					
Signetive hoped or printed name of ingressee/Seferi and size if apportable.   MAPLE Against fraudres when remaining to the if apportable.   MAPLE Against fraudres when remaining to the ingressee of the printed and the printed	the obligations of registered agent.					
Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   TD						
TITLE  MAME  RANNEY, THOMAS A  STRET ADDRESS  STRET ADDRESS  STRET ADDRESS  STRET ADDRESS  CITY-ST-ZIP  TITLE  MAME  ADAMS, KATHY  STRET ADDRESS  CITY-ST-ZIP  TITLE  MESSEVS mith, Frank  STRET ADDRESS  STRET ADDRESS  CITY-ST-ZIP  TALLAHASSEE, FL 32301  TITLE  PD  GRACEY, LOIS L  STRET ADDRESS  CITY-ST-ZIP  TALLAHASSEE, FL 32304  TITLE  MAME  STRET ADDRESS  CITY-ST-ZIP  TALLAHASSEE, FL 32304  TITLE  MAME  STRET ADDRESS  CITY-ST-ZIP  TALLAHASSEE, FL 32304  TITLE  Delete  TITLE  NAME  STRET ADDRESS  CITY-ST-ZIP  TALLAHASSEE, FL 32304  TITLE  SD  CITY-ST-ZIP  TITLE  SD  CITY-ST-ZIP  TALLAHASSEE, FL 32304  TALLAHASSEE, FL 32304  TALLAHA					40.00 (1.0) 00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE  VCD TITLE  ADAMS, KATHY STREET ADDRESS CITY-ST-ZIP  TITLE  VCD TOLARGESCE, FL 32310  Change Addition  Addition  Addition  Addition  Change Addition  Ch	10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME RANNEY, THOMAS A STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207  TITLE CD NAME ADAMS, KATHY STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401  TITLE VCD NAME MESSERSMITH, FRANK STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301  TITLE  PD NAME GRACEY, LOIS L STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32304  TITLE SD NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADRESS CITY-ST-ZIP ADRES	TITLE	TD	☐ Delete	TITLE CO	Change Addition	
CITY-ST-ZIP JACKSONVILLE, FL 32207  TITLE CD ADAMS, KATHY STREET ADDRESS 250 S AUSTRALIAN AVE. #104 CITY-ST-ZIP WEST PALM BEACH, FL 33401  TITLE VCD Delete TITLE  WEST PALM BEACH, FL 33401  TITLE VCD DELETE TODRESS CITY-ST-ZIP TALLAHASSEE, FL 32301  TITLE PD DELETE TALLAHASSEE, FL 32301  TITLE SD TALLAHASSEE, FL 32304  TITLE SD DAVIS, SANDRA STREET ADDRESS CITY-ST-ZIP TALLAHASSEE CITY-ST-ZIP TALLAHASSEE CITY-ST-ZIP TALLAHASSEE CITY-ST-ZIP TALLAHASSEE CITY-ST-ZIP TALLAHASSEE, FL 32304  TITLE SD DAVIS, SANDRA STREET ADDRESS CITY-ST-ZIP  TITLE TITLE SD DAVIS, SANDRA STREET ADDRESS 20 WESTFAIR COURT STREET ADDRESS CITY-ST-ZIP  TITLE DAVIS, SANDRA STREET ADDRESS CITY-ST-ZIP  TITLE DELETE TITLE DELETE DELETE DAVIS DAVIS, SANDRA  STREET ADDRESS CITY-ST-ZIP  TITLE DELETE TITLE DELETE DELETE DAVIS DAVIS DAVIS, SANDRA  STREET ADDRESS CITY-ST-ZIP  TITLE DELETE TITLE DELETE DELETE DAVIS	NAME	RANNEY, THOMAS A		NAME M	essersmith, trank	
TITLE CD ADAMS, KATHY  STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401  TITLE WCD Delete WESSERSMITH, FRANK STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301  TITLE PD Delete TITLE PD AMAE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32304  TITLE SD CHANGE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32304  TITLE SD CHANGE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32304  TITLE SD WESTFAIR COURT NAME DAVIS, SANDRA STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30328  TITLE Delete TITLE  Delete TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE SD CHANGE STREET ADDRESS CITY-ST-ZIP  TITLE DAVIS, SANDRA STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE CHANGE ADDRESS CITY-ST-ZIP  TITLE CHANGE CHANGE ADDRESS CITY-ST-ZIP  TITLE CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE CHANAME CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE CHANAME CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE CHANAME CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE CHANAME CHANGE CHANGE CHANGE CHANGE CHANAME CHANAME CHANAME CHANAME C	STREET ADDRESS	4848 REDBUD LANE		STREET ADDRESS 29	101 Lake Bradford Rd S.	
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NAME STREET ADDRESS CITY-ST-ZIP VEST PALM BEACH, FL 33401  TITLE VCD NAME MESSERSMITH, FRANK STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301  TITLE PD NAME GRACEY, LOIS L STREET ADDRESS CITY-ST-ZIP TITLE DAVIS, SANDRA STREET ADDRESS CITY-ST-ZIP TITLE SD TALLAHASSEE, FL 32304  TITLE NAME GRACEY, LOIS L STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32304  TITLE SD TALLAHASSEE, FL 32304  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SD DAVIS, SANDRA STREET ADDRESS CITY-ST-ZIP TITLE DAVIS, SANDRA STREET ADDRESS CITY-ST-ZIP TITLE DAVIS, SANDRA STREET ADDRESS CITY-ST-ZIP TITLE DELET  TITLE DELET D	TITLE	CD	Delete	TITLE V	Change Addition	
CITY-ST-ZIP WEST PALM BEACH, FL 33401  TITLE VCD	NAME	ADAMS, KATHY		NAME K	elly, Catherine	
CITY-ST-ZIP WEST PALM BEACH, FL 33401  TITLE VCD	STREET ADDRESS	250 S AUSTRALIAN AVE. #104		STREET ADDRESS 42	300' Deerwood Campus Prug Des 1	
NAME MESSERSMITH, FRANK STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301  TITLE PD Delete GRACEY, LOIS L STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32304  TITLE SD DAVIS, SANDRA STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32304  TITLE SD DAVIS, SANDRA STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30328  TITLE Delete TITLE  Delete TITLE  Change Addition Addition Change Addition	CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP JZ	acksonnik, FL 32246	
CITY-ST-ZIP TALLAHASSEE, FL 32301  TITLE PD Delete GRACEY, LOIS L  STREET ADDRESS CITY-ST-ZIP  TALLAHASSEE, FL 32304  TITLE SD DAVIS, SANDRA  STREET ADDRESS CITY-ST-ZIP  TITLE DAVIS, SANDRA  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE CONTROL Change Addition  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE CONTROL CHANGE  STREET ADDRESS CITY-ST-ZIP  TITLE CONTROL CHANGE  STREET ADDRESS CITY-ST-ZIP  TITLE DELETE CITY-ST-ZIP  TITLE CHANGE Addition	TETLE	VCD	☐ Delete	TITLE 5	☐ Change Addition	
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TITLE PD Delete TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE SD DAVIS, SANDRA  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE DElete TITLE  CHange Addition  Addition				STREET ADDRESS 6	16 N. Adams St.	
NAME GRACEY, LOIS L STREET ADDRESS 444 APPLEYARD DRIVE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32304  TITLE SD DAVIS, SANDRA STREET ADDRESS 20 WESTFAIR COURT CITY-ST-ZIP ATLANTA, GA 30328  TITLE Delete TITLE CITY-ST-ZIP  TITLE Change Addition Change Addition Change Addition Change Addition	CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	allahassee, FL 32301	
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CITY-ST-ZIP         ATLANTA, GA 30328         CITY-ST-ZIP           TITLE         Delete         TITLE         Change         Addition	STREET ADDRESS CITY-ST-ZIP	444 APPLEYARD DRIVE TALLAHASSEE, FL 32304	Theiata	STREET ADDRESS CITY-ST-ZIP		
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NAME NAME	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	444 APPLEYARD DRIVE TALLAHASSEE, FL 32304 SD DAVIS, SANDRA 20 WESTFAIR COURT	Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		
OTDETT ADDRESS A	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	444 APPLEYARD DRIVE TALLAHASSEE, FL 32304 SD DAVIS, SANDRA 20 WESTFAIR COURT		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ Change ☐ Addition	
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CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  12 I haraby cartify that the information supplied with this filling does not qualify for the eventnings contained in Chapter 119 Florida Statutes. I further cartify that the information	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	444 APPLEYARD DRIVE TALLAHASSEE, FL 32304 SD DAVIS, SANDRA 20 WESTFAIR COURT		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GRATUAL AND TYPER OFFRISTED NAME OF SIGNING FICER OF DIRECTOR

1-26-06 250-201-975