2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N46129

Entity Name: PREW ACADEMY OF SARASOTA, INC.

Current Principal Place of Business:

5020 FIELDING LN
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5020 FIELDING LN
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 65-0211989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EISENBISE, MARY
5020 FIELDING LN
SARASOTA, FL 34233 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: DVT ( ) Delete
Name: HEANEY, ANNETTE
Address: 609 CASEY KEY ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: DCPS ( ) Delete
Name: EISENBISE, MARY
Address: 1231 MACKERAL AVE
City-St-Zip: SARASOTA, FL 34237

Title: D ( ) Delete
Name: HEANEY, EDIN
Address: 609 CASEY KEY ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete
Name: JACKSON, MICHAEL
Address: 5294 S. CRANBERRY BLVD
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVT (X) Change ( ) Addition
Name: HEANEY, ANNETTE
Address: 774 VANDERBILT DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HEANEY, EOIN
Address: 774 VANDERBILT DRIVE
City-St-Zip: NOKOMIS, FL 34275

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: ANNETTE HEANEY DVT 04/02/2009

Electronic Signature of Signing Officer or Director — Date