

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49916

FILED
Apr 25, 2007
Secretary of State

Entity Name: NEW GENERATION SCHOOL, INC.

Current Principal Place of Business:

6405 S PINE AVE
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1377
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3130576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERINCHIEF, RICHARD K.
2815 SE 22ND AVENUE
OCALA, FL 34471 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: PERINCHIEF, RICHARD DR
Address: 2815 SE 22ND AVE
City-St-Zip: Ocala, FL 34471

Title: STD () Delete
Name: HAYS, BONNIE
Address: 4211 SW 5TH AVE
City-St-Zip: Ocala, FL 34474

Title: DV () Delete
Name: PERINCHIEF, PASTOR GAIL
Address: 2815 SE 22ND AVENUE
City-St-Zip: Ocala, FL 34471

Title: D () Delete
Name: HAYS, CHRIS
Address: 4211 SW 5TH AVE
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: LIMON, SERGIO
Address: 4260 SE 65TH PL
City-St-Zip: Ocala, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BONNIE HAYS

STD

04/25/2007

Electronic Signature of Signing Officer or Director

Date