2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 12, 2004 8:00 am Secretary of State DOCUMENT # N93000002680 1. Entity Name 03-12-2004 90039 024 \*\*\*\*61.25 THE GENEVA SCHOOL, INC. Principal Place of Business Mailing Address **410 RIDGE ROAD** 410 RIDGE ROAD FERN PARK FL 32730 FERN PARK FL 32730 3. Mailing Address 2025 STATE 2. Principal Place of Business 2025 State Koad Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 7 4. FEI Number Applied For rar K 59-3195482 inter linter Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired eminole Seminole Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INGRAM: ROBERT Street Address (P.O. Box Number is Not Acceptable) **506 BURNT TREE LANE SUITE 109** APOPKA FL 32712 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. reasurer Addition TITLE ☐ Delete TITLE Harry D. Pugh 1409 Chichester Street INGRAM, MARJEAN NAME **506 BURNT TREE LANE** STREET ADDRESS STREET ADDRESS APOPKA FL Orlando FZ <sup>©</sup>CITY-ST-ŽIP CITY-ST-ZIP 32803 TITLE . ... PD ☐ Delete ☐ Change ☐ Addition TITLE INGRAM, ROBERT NAME NAME 506 BURNT TREE LANE STREET ADDRESS STREET ADDRESS APOPKA FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition ALEXANDER, LAURA G NAME NAME 2700 MIDDLESEX RD STREET ADDRESS STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition DILE MAYNARD, JOHN NAME NAME 1230 E. LAKE COLONY DRIVE STREET ADDRESS STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition SENEFF, DAYLE NAME 1300 SUMMERLAND AVENUE STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STUART, CROSLAND NAME NAME 1323 STEWART STREET STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OFF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/5/04

407 332 6363

Daylime Phone #

FILED