

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005683

**FILED**  
**Jul 21, 2004**  
**Secretary of State****Entity Name:** BLACKSTONE PREP, A NONPROFIT EDUCATIONAL CORPORATION**Current Principal Place of Business:**4815 E. BUSCH BLVD  
SUITE 105  
TAMPA, FL 33617 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 470385  
CELEBRATION, FL 34747 US**New Mailing Address:****FEI Number:** 59-3295188**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WALDER, LYNNE  
777 S HARBOUR ISLAND BLVD  
SUITE 175  
TAMPA, FL 33602 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:** LONGWORTH, MIMI  
**Address:** 308 CHARLESTON PLACE  
**City-St-Zip:** CELEBRATION, FL 34747**Title:** DVT ( ) Delete  
**Name:** TAYLOR, PATRICIA L  
**Address:** 4203 OKARA RD  
**City-St-Zip:** TAMPA, FL 33617**Title:** DS ( ) Delete  
**Name:** CADDY, HELEN J  
**Address:** STUDIO K, 585 COBB PKWY. S.  
**City-St-Zip:** MARIETTA, GA 30062**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change ( ) Addition  
**Name:** LONGWORTH, MIMI  
**Address:** P.O. BOX 470385  
**City-St-Zip:** CELEBRATION, FL 34747**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** DVP ( ) Change (X) Addition  
**Name:** RUDOLPH, WALLACE M  
**Address:** 308 CHARLESTON PLACE  
**City-St-Zip:** CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIMI LONGWORTH

DP

07/21/2004

Electronic Signature of Signing Officer or Director

Date