

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002061

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** FLORIDA COUNCIL OF PRIVATE SCHOOLS, INC.

**Current Principal Place of Business:**

7212 SANDCOVE CT  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 182048  
CASSELBERRY, FL 32718 US

**New Mailing Address:**

**FEI Number:** 59-3322138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, WILLIAM R  
866 MOONLIT LANE  
CASSELBERRY, FL 32707 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: TD ( ) Delete  
Name: MILLER, WILLIAM R  
Address: 866 MOONLIT LANE  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: CLOUD, KENNETH  
Address: 1903 DOUGLAS DR.  
City-St-Zip: BRAINBRIDGE, GA 39819

Title: SD ( ) Delete  
Name: CALVERT, BOB  
Address: 4461 RIVER GROVE LANE  
City-St-Zip: FT. MYERS, FL 33905

Title: PD ( ) Delete  
Name: HINSON, CHARLIE G  
Address: 5835 OLD BETHEL ROAD  
City-St-Zip: CRESTVIEW, FL 32536

Title: D ( ) Delete  
Name: KEITH, BILL  
Address: P.O. BOX 17  
City-St-Zip: OTTER CREEK, FL 32683

**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: WILLIAM R. MILLER

TD

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date