2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# N95000002941

Entity Name: RENAISSANCE SCHOOL, INC.

Current Principal Place of Business:

37 BARKLEY CIRCLE
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

37 BARKLEY CIRCLE
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0591474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BOND, MICHAEL W
1845 MONTE VISTA ST
FORT MYERS, FL 33901 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: LEITCH, KATHY
Address: 14661 LAKE OLIVE DR
City-St-Zip: FT MYERS, FL 33919

Title: DT ( ) Delete
Name: LEITCH, ROBERT A
Address: 14661 LAKE OLIVE DR
City-St-Zip: FT MYERS, FL

Title: DV ( ) Delete
Name: BRAVO, KITTY
Address: 3600 138 TH NORTH
City-St-Zip: LARGO, FL 33771

Title: SD ( ) Delete
Name: PASTERZ, LINDA
Address: 9165 TEMPLE RD
City-St-Zip: FT MYERS, FL

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:

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: M KATHLEEN LEITCH PRES 07/08/2008
Electronic Signature of Signing Officer or Director — Date