

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N95000005325

1. Entity Name
OLIVET PRIVATE SCHOOL, INC.

Principal Place of Business
POST OFFICE BOX 7865
PT ST LUCIE, FL 34985

Mailing Address
POST OFFICE BOX 7865
PT ST LUCIE, FL 34985

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number
65-0641665

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOURING, CATHIE
1542 SE COWNIE ST
PORT ST. LUCIE, FL 34983

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P Delete
NAME MOURING, CATHIE
STREET ADDRESS 1542 SE COWNIE ST
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE D Change Addition
NAME Christina Hoeffner
STREET ADDRESS 240 N Jenkins Rd
CITY-ST-ZIP Ft Pierce FL 34949

TITLE VS Delete
NAME WINCHESTER, VICKI
STREET ADDRESS 6389 CHASKA ST
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE Pori Burkhardt Change Addition
NAME
STREET ADDRESS 2133 Johnston Rd
CITY-ST-ZIP Ft Pierce FL 34951

TITLE T Delete
NAME SCHOLPP, COLETTE
STREET ADDRESS 2638 SE RUFFIN TER
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE D Change Addition
NAME Vickie Bennett
STREET ADDRESS 901 W. Weatherbee Rd
CITY-ST-ZIP Ft Pierce FL 34982

TITLE D Delete
NAME BALL, PRESTON
STREET ADDRESS 440 SW BUXTON AVE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE D Change Addition
NAME Jeslyn Snider
STREET ADDRESS 7053 SW 39th St
CITY-ST-ZIP Palm City FL 34990

TITLE D Delete
NAME DOUGLAS, PAMELA
STREET ADDRESS 1498 SE PRESTON LN
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE S Change Addition
NAME Rena Marconi
STREET ADDRESS 7676 Bobcat Run
CITY-ST-ZIP Port St Lucie FL 34952

TITLE D Delete
NAME PICK, DEANNA
STREET ADDRESS 1899 MICHELANGELO AVE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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: *Cathie Mouring* Date: *4/16/05* Daytime Phone #: *772-879-3917*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR