

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005325

FILED
Jan 22, 2008
Secretary of State

Entity Name: OLIVET PRIVATE SCHOOL, INC.

Current Principal Place of Business:

568 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984 US

New Principal Place of Business:

Current Mailing Address:

568 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984 US

New Mailing Address:

FEI Number: 65-0641665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOURING, CATHIE
1542 SE COWNIE ST
PORT ST. LUCIE, FL 34983 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: P () Delete
Name: MOURING, CATHIE
Address: 1542 SE COWNIE ST
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: D () Delete
Name: HOFFNER, CHRISTINA
Address: 240 JENKINS RD
City-St-Zip: FORT PIERCE, FL 34949 US

Title: S () Delete
Name: BURES, CHRISTINE
Address: 2417 SE WATERCREST ST
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

Title: D () Delete
Name: BALL, PRESTON
Address: 440 SW BUXTON AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: D () Delete
Name: VOGT, CAROLYN
Address: 913 SE DAMASK AVE
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: D () Delete
Name: LYONS, ELLEN
Address: 1893 OPEN VIEW DR
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VOGT, CAROLYN
Address: 913 SE DAMASK AVE
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PIAZZA, SUE
Address: 2535 SE GOWIN DR
City-St-Zip: PORT ST LUCIE, FL 34952 US

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: CATHIE MOURING

P

01/22/2008

Electronic Signature of Signing Officer or Director

Date