## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000005491

**Current Principal Place of Business:** 

City-St-Zip:

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

TAMPA, FL 33634

MILLEN, CLAUDIA

4148 ARLINGTON DRIVE

PALM HARBOR, FL 34685

MUNYON, CHRISTOPHER D

35246 US 19 NORTH, #256

PALM HARBOR, FL 34684

10462 GREENDALE DR.

TAMPA, FL 33626

BLEDSOE, BILL

( ) Delete

(X) Delete

() Delete

Entity Name: ROSEMONT ACADEMY, INC.

FILED May 01, 2004 Secretary of State

**New Principal Place of Business:** 

3200 N. MCMULLEN BOOTH RD. CLEARWATER, FL 33761 **Current Mailing Address: New Mailing Address:** 35246 US 19 NORTH 35246 US 19 NORTH #306 PALM HARBOR, FL 34684 US PALM HARBOR, FL 34684 US FEI Number: 59-3353632 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MUNYON, CHRISTOPHER D MILLEN, JOE 10462 GREENDALE DR. 3200 N. MCMULLEN BOOTH RD. TAMPA, FL 33626 CLEARWATER, FL 33761 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: JOE MILLEN 05/01/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MILLEN, JOE Name: Name: 4148 ARLINGTON DR. Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: LEGER, MITCH Name: Address: 15019 SOUTHFORK DR. Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: () Delete Title: () Change () Addition CORBETT, LARRY Name: Name: Address: 3911 W EDEN ROC Address:

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.

City-St-Zip:

Title:

Name:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: JOE MILLEN D 05/01/2004

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