


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90039 042 ****61.25

DOCUMENT # N96000002893 1. Entity Name THE PASSPORT SCHOOL, INC.					
Principal Place of Business 5221 CURRY FORD ROAD ORLANDO, FL 32812 US			Mailing Address 5221 CURRY FORD ROAD ORLANDO, FL 32812 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3385360	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GARCIA, OSVALDO DR 5221 CURRY FORD ROAD ORLANDO, FL 32812			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	V	<input checked="" type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, CHRISTOPHER D		NAME	Alisa Turner-Dellinger	
STREET ADDRESS	P.O. BOX 540614		STREET ADDRESS	1105 Wilkinson St.	
CITY-ST-ZIP	ORLANDO, FL 328540614		CITY-ST-ZIP	Orlando FL 32803	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARMENTROUT, SUSANNE M		NAME	Miguel Delzon	
STREET ADDRESS	2716 CASTLE OAK AVE		STREET ADDRESS	1361 Gelwood AV	
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP	Orlando - FL 32807	
TITLE	P	<input type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, PAMELA Y		NAME		
STREET ADDRESS	8851 PINE BAY CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 file empowered.					
SIGNATURE: <u>Pamela Y. Johnson</u> Pamela Y. Johnson - Pres. 1/19/06 407-658-9900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					