

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90081 030 \*\*\*\*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**



01072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3385360**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**GARCIA, OSVALDO DR  
5221 CURRY FORD ROAD  
ORLANDO, FL 32812**

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, 2008**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
**TURNER-DELLINGER, ALISA** ☒ Delete  
P.O. BOX 540614  
ORLANDO, FL 32803

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
**DELEON, MIGUEL** ☐ Delete  
1361 ELWOOD AVE.  
ORLANDO, FL 32807

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Vice President** ☒ Change ☐ Addition  
**Deleon, Miguel**  
1361 Elwood Ave.  
Orlando, FL 32807

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
**JOHNSON, PAMELA Y** ☐ Delete  
8851 PINE BAY CT  
ORLANDO, FL 32825

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Secretary/Treasurer** ☒ Change ☐ Addition  
**Johnson, Pamela**  
8851 Pine Bay Ct.  
Orlando, FL 32825

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**President** ☐ Change ☒ Addition  
**Dracheka Barrott**  
6025 Marge Ct.  
Orlando FL 32807

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

*Osvaldo Garcia, Esq.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-08 (402) 658-9900  
Date Daytime Phone #