2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003948

Entity Name: THE SPRING VALLEY SCHOOL, INC.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2109 NEBRASKA AVE PALM HARBOR, FL 34683 US **Current Mailing Address: New Mailing Address:** 2109 NEBRASKA AVE PALM HARBOR, FL 34683 US FEI Number: 59-3458302 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: BALLOU, DIANE 474 LORA LN. TARPON SPRINGS, FL 34688 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MURRAY, SANDRA PORCARO, STEVE Name: Name: 985 LAKEVIEW DR Address: 5059 KERNWOOD CT. Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34685 Title: () Delete Title: (X) Change () Addition BURKHEAD, DREW Name: BURKHEAD, DREW Name: Address: 2209 PORTOFINO PLACE Address: 2209 PORTOFINO PLACE City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34683 Title: DT () Delete Title: () Change () Addition BALLOU, STEVEN Name: Name: Address: 474 LORA LN. Address: City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: Title: DP () Delete Title: DVP (X) Change () Addition Name: GIEBEL, ALLEN Name: GIEBEL, LAEL Address: 1098 SILKWOOD AVE. Address: 1098 SILKWOOD AVE. City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: TARPON SPRINGS, FL 34689 Title: DS () Delete Title: () Change () Addition SPENCER, JULIE Name: Name: 3104 AVOCET PL Address: Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: Title: (X) Delete Title: () Change () Addition SHERMAN, LYNN Name: Name: Address: 1472 INDIAN TRAIL SOUTH Address: PALM HARBOR, FL 34683 City-St-Zip: 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: STEVE BALLOU DT 04/23/2009