

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000004167	
1. Entity Name THE ELLES SCHOOL, INC.	
Principal Place of Business 1325 NORTH A STREET LAKE WORTH, FL 33460 US	Mailing Address 1325 NORTH A STREET LAKE WORTH, FL 33460 US



02282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0777849	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TAMAYO, DENISE
624 N. LAKESIDE DR.
LAKE WORTH, FL 33460**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAMAYO, DENISE 624 N. LAKESIDE DRIVE LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KING, DAVID 119 SEVILLE ROAD WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KLEIN, JAYNE 13027 SW 41ST ST. FORT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/04/05-80012-005 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Denise E. Tamayo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denise E. Tamayo

Date

Daytime Phone #

2-28-05

(561) 588-1954