

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004821

FILED
Apr 08, 2009
Secretary of State

Entity Name: LAKEVIEW ACADEMY PRIVATE SCHOOL, INC.

Current Principal Place of Business:

12429 KIJIK TRAIL
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

PO BOX 187
GROVELAND, FL 34736

New Mailing Address:

FEI Number: 59-3077723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOLKMAN, CINDY
12429 KIJIK TRAIL
GROVELAND, FL 34736 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: VOLKMAN, STEVEN
Address: 12429 KIJIK TRAIL
City-St-Zip: GROVELAND, FL 34736

Title: VD () Delete
Name: BROCHU, KRISTINE
Address: 11642 CRESCENT PINES BLVD
City-St-Zip: CLERMONT, FL 34711

Title: SD () Delete
Name: VOLKMAN, CINDY
Address: 12429 KIJIK TRAIL
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: HUNTINGTON, KEITH
Address: 12301 MATTIODA RD
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: HUNTINGTON, BECKY
Address: 12301 MATTIODA RD
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: CINDY VOLKMAN

SD

04/08/2009

Electronic Signature of Signing Officer or Director

Date