

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006828

**FILED**  
**Aug 19, 2010**  
**Secretary of State**

**Entity Name:** NEW DIMENSIONS HIGH SCHOOL, INC.

**Current Principal Place of Business:**

4900 OLD PLEASANT HILL ROAD  
KISSIMMEE, FL 34759

**New Principal Place of Business:**

**Current Mailing Address:**

4900 OLD PLEASANT HILL ROAD  
KISSIMMEE, FL 34759

**New Mailing Address:**

**FEI Number:** 59-3503922

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MAGRUDER, MICHAEL  
203 S. CLYDE AVENUE  
KISSIMMEE, FL 34741 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:** D  
**Name:** GRIMM, JACQUELINE G DR.  
**Address:** 3515 BEAU CHENE DRIVE  
**City-St-Zip:** KISSIMMEE, FL 34746

**Title:** D  
**Name:** CAFIERO, CHRISTINA D DR.  
**Address:** 12016 NVALE LANE  
**City-St-Zip:** ORLANDO, FL 32827

**Title:** D  
**Name:** BUTLER-MILLER, KAREN  
**Address:** 2901 WILLOW OAK COURT  
**City-St-Zip:** KISSIMMEE, FL 34744

**Title:** SEC  
**Name:** TORRES, CARMEN  
**Address:** 3803 OAK POINTE CT.  
**City-St-Zip:** KISSIMMEE, FL 34746

**Title:** VC  
**Name:** CRUTCHFIELD, SUSAN  
**Address:** 1502 B. VILLAGE OAK LANE  
**City-St-Zip:** KISSIMMEE, FL 34746

I hereby 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 all other like empowered.

**SIGNATURE:** JACQUELINE GRIMM

DR.

08/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date