

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90050 027 ****61.25

DOCUMENT # N97000006958

1. Entity Name

CRESTWELL HIGHER LEARNING PRIVATE SCHOOL, INC.



Principal Place of Business

**8140 COLLEGE PARKWAY
FORT MYERS FL 33919**

Mailing Address

**~~8140 COLLEGE PARKWAY~~ PO Box
FORT MYERS FL 33919 07159**

2. Principal Place of Business

3. Mailing Address

BX 07159

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Myers FL

Zip

Country

Zip

Country

33919

Lee

4. FEI Number

65-0799880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUTTERFIELD, CINDY
8140 COLLEGE PARKWAY
FORT MYERS FL 33919**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE **D** ☐ Delete
NAME **BELLEW, JOHN**
STREET ADDRESS **5213 S W 10TH AVENUE**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **VP** ☐ Delete
NAME **ROMERO, CHRISTINE**
STREET ADDRESS **8140 COLLEGE PARKWAY**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **T** ☐ Delete
NAME **HURLUCK, JEAN**
STREET ADDRESS **8140 COLLEGE PARKWAY**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **D** ☐ Delete
NAME **BELLEW, MARCIA**
STREET ADDRESS **11923 ISLAND AVE**
CITY-ST-ZIP **MATLACHA FL 33993**

TITLE **D** ☐ Delete
NAME **KHEMKHAJON, NOPADOL**
STREET ADDRESS **769 VINCA WAY**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **Lake Murex**
CITY-ST-ZIP **Sanibel FL 33957**

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-04

Date

Daytime Phone #