

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000221

Entity Name: NEW RAMAN RETI SCHOOL, INC.

FILED
Mar 23, 2004
Secretary of State

Current Principal Place of Business:

17414 NW 112TH BOULEVARD
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 937
ALACHUA, FL 32616 09

New Mailing Address:

FEI Number: 59-3493590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMIEUX, PIERRE
18024 NW 112TH BLVD
ALACHUA, FL 32615 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 () Delete
Name: LEMIEUX, PIERRE
Address: 18024 NW 112TH BLVD
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: DELANEY, NANCY
Address: 15213 NW 89TH STREET
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: AGUILERA, DAVID E
Address: 10103 NW 209TH LANE
City-St-Zip: ALACHUA, FL 32615

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: HICKEY, LINDA
Address: 18925 NW CR 239
City-St-Zip: ALACHUA, FL 32615

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PIERRE LEMIEUX

D

03/23/2004

Electronic Signature of Signing Officer or Director

Date