2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 02, 2005
Secretary of State

DOCUMENT# N98000000221

Entity Name: NEW RAMAN RETI SCHOOL, INC.

Current Principal Place of Business:

17414 NW 112TH BOULEVARD
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 937
ALACHUA, FL 32616 US

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

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

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

Title: D ( ) Delete
Name: HICKEY, LINDA
Address: 18925 NW CR 239
City-St-Zip: ALACHUA, FL 32615 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, S (X) Change ( ) Addition
Name: AGUILERA, DAVID
Address: 10103 NW 209TH AVE.
City-St-Zip: ALACHUA, FL 32615 US

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

Title: D (X) Change ( ) Addition
Name: DAPHNE, BALKHEIMER
Address: 7076 NW 52ND TERRACE
City-St-Zip: GAINESVILLE, FL 32653 US

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

Title: D ( ) Change (X) Addition
Name: PATRICIA, PUGLIESE
Address: 7522 NW CR 236
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: NANCY DELANY D 11/02/2005

Electronic Signature of Signing Officer or Director — Date