## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000000221

Entity Name: NEW RAMAN RETI SCHOOL, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

17414 NW 112TH BOULEVARD ALACHUA, FL 32615 US

Current Mailing Address: New Mailing Address:

P.O. BOX 937

ALACHUA, FL 32616 US

FEI Number: 59-3493590 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LEMIEUX, PIERRE 18024 NW 112TH BLVD ALACHUA, FL 32615 US

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:

Flateria Circular FD video d Accel

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D, S
 ( ) Delete
 Title:
 D, S
 ( X) Change ( ) Addition

 Name:
 AGUILERA, DAVID
 Name:
 AGUILERA, DAVID

 Address:
 10103 NW 209TH AVE.
 Address:
 10103 NW 209TH LANE

 City-St-Zip:
 ALACHUA, FL 32615 US
 City-St-Zip:
 ALACHUA, FL 32615 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition
Name: DELANEY, NANCY Name: LESLIE, JONATHAN
Address: 15013 NW 20714 STREET

 Address:
 15213 NW 89TH STREET
 Address:
 13542 NW 137TH PLACE

 City-St-Zip:
 ALACHUA, FL 32615 US
 City-St-Zip:
 ALACHUA, FL 32615 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 DAPHNE, BALKHEIMER
 Name:
 WILLIAM, BRIANT

 Address:
 7076 NW 52ND TERRACE
 Address:
 14329 NW 186TH AVE.

 City-St-Zip:
 GAINESVILLE, FL 32653 US
 City-St-Zip:
 ALACHUA, FL 32615 US

 Name:
 HICKEY, LINDA
 Name:
 PATRICIA, PUGLIESE

 Address:
 18925 NW CR 239
 Address:
 7522 NW CR 236

 City-St-Zip:
 ALACHUA, FL 32615 US
 City-St-Zip:
 ALACHUA, FL 32615 US

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 PATRICIA, PUGLIESE
 Name:

 Address:
 7522 NW CR 236
 Address:

 City-St-Zip:
 ALACHUA, FL 32615
 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: DAVID AGUILERA S 04/30/2007