2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001693

City-St-Zip:

BRADENTON, FL 34201

Entity Name: PIERIAN SPRING ACADEMY INC.

FILED Feb 04, 2009 Secretary of State

Littly Na	IIIE. FILKIAN	SERING ACADEMIT, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
29 ST JOH ENGLEW	HN BLVD DOD, FL 3422	3 US				
Current Mailing Address:			New Mailing Address:			
P.O. BOX SARASOT	1222 A, FL 34230	US				
FEI Number	: 65-0836977	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
29 ST JOH	I, ROBERT V HN BLVD DOD, FL 3422	3 US				
	named entity see of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUI	RE:					
	Electror	ic Signature of Registered Ag	jent		Date	
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D () CARLSON, RO 29 ST JOHN BL ENGLEWOOD,	.VD	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	IDZIK, DANIEL	Delete AY BLVD. #393 Y, FL 34228	Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	T () CUDWORTH, A 4621 CHANDLE SARASOTA, FL	ERS FORDE	Title: Name: Address: City-St-Zip:	CUDWORTH,	LERS FORDE	
Title: Name: Address: City-St-Zip:	VP () DEGENARO, M 1225 N. GULFS SARASOTA, FL	STREAM AVE	Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name:	T () BROWN, LARR		Title: Name:	(() Change () Addition	

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.

City-St-Zip:

SIGNATURE: LARRY G. BROWN TREA 02/04/2009