

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004802

FILED  
May 01, 2009  
Secretary of State

Entity Name: QUEEN OF ANGELS ACADEMY PRIVATE SCHOOL, INC.

**Current Principal Place of Business:**

5412 CONESTOGA STREET  
NORTH PORT, FL 34291 US

**New Principal Place of Business:**

**Current Mailing Address:**

5412 CONESTOGA STREET  
NORTH PORT, FL 34291 US

**New Mailing Address:**

FEI Number: 65-0862132      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ROCA, M COLLEEN  
5412 CONESTOGA STREET  
NORTH PORT, FL 34291 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: PD ( ) Delete  
Name: ROCA, M COLLEEN  
Address: 5412 CONESTOGA STREET  
City-St-Zip: NORTH PORT, FL 34291 US

Title: D ( ) Delete  
Name: CLOUGH, DAVID  
Address: 611 19TH STREET WEST  
City-St-Zip: BRADENTON, FL 34205 US

Title: D ( ) Delete  
Name: HRYCYK, DONNA  
Address: 6327 9TH STREET EAST  
City-St-Zip: BRADENTON, FL 34203 US

Title: D ( ) Delete  
Name: SHEHWEN, TERI  
Address: 4223 FAIRFAX DRIVE EAST  
City-St-Zip: BRADENTON, FL 34203 US

**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: ( ) Change ( ) Addition  
Name:  
Address:  
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: M COLLEEN ROCA

PD

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date