

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90092 038 ****61.25

DOCUMENT # N98000006404

1. Entity Name
**SAGO PALM EDUCATIONAL ACADEMY,
INCORPORATED**



Principal Place of Business
3411 N. 29TH ST.
TAMPA, FL 33605

Mailing Address
3411 N. 29TH ST.
TAMPA, FL 33605



04302005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
59-3541463

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALLEN, DERLYN
3411 N 29TH ST
TAMPA, FL 33605**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ALLEN, DERLYN 3411 N. 29TH ST. TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP GLOVER, LAWRENCE 1002 WETS BALL STREET PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST ROBERTS, SHARON D 1720 W. CARMEN STREET TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence A. Glover*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05 813 928 2575
Date Daytime Phone #