2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2009
Secretary of State

DOCUMENT# N98000006404

Entity Name: SAGO PALM EDUCATIONAL ACADEMY, INCORPORATED

Current Principal Place of Business:

3411 N. 29TH ST.
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

3411 N. 29TH ST.
TAMPA, FL 33605

New Mailing Address:

FEI Number: 59-3541463 **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:

ROBERTS, DERLYN
3411 N 29TH ST
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

MANUEL, LINDA
3411 N 29TH ST
TAMPA, FL 33605 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: LINDA MANUEL 06/04/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROBERTS, DERLYN
Address: 3411 N. 29TH ST.
City-St-Zip: TAMPA, FL 33605

Title: ST ( ) Delete
Name: MANUEL, LINDA
Address: 3411 N. 29TH ST.
City-St-Zip: TAMPA, FL 33605

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: THORNTON, ANITRESS
Address: 3411 N. 29TH ST.
City-St-Zip: TAMPA, FL 33605

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

Title: VP ( ) Change (X) Addition
Name: FORD, TIA
Address: 3411 N. 29TH STREET
City-St-Zip: TAMPA, FL 33605

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: ANITRESS THORNTON P 06/04/2009
Electronic Signature of Signing Officer or Director Date