

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000230

FILED
Feb 23, 2004
Secretary of State**Entity Name:** MARTHA MANSON ACADEMY PARENT ORGANIZATION, INC.**Current Principal Place of Business:**7715 S.W. 14TH AVE.
GAINESVILLE, FL 32607**New Principal Place of Business:****Current Mailing Address:**7715 S.W. 14TH AVE.
GAINESVILLE, FL 32607**New Mailing Address:****FEI Number:** 59-3564234**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BRAUCHAMP, ROBERT
9631 NW 110TH CIRCLE
CHIEFLAND, FL 32644 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: D () Delete
Name: GROOMS, JAMIE
Address: 6565 NW 81ST BLVD
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: BEAUCHAMP, CATHY
Address: 9631 NW 110TH CIR
City-St-Zip: CHIEFLAND, FL 32626

Title: TD () Delete
Name: HOLLOWAY, CARRIE
Address: 9505 SW 50TH RD
City-St-Zip: GAINESVILLE, FL 32608

Title: CSD () Delete
Name: OSMUN, MARTHA
Address: 1503 NW 52ND TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: PD () Delete
Name: SCOTT, JENNIFER
Address: BOX 140764
City-St-Zip: GAINESVILLE, FL 32614

Title: SD () Delete
Name: ELLIS, DENISE
Address: 3302 SW 93 WAY
City-St-Zip: GAINESVILLE, FL 32608

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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 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: CATHY BEAUCHAMP

T/D

02/23/2004

Electronic Signature of Signing Officer or Director

Date