

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90167 050 \*\*\*\*61.25

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # N99000000230</b>  |  |  |   |  |  |
| <b>1. Entity Name</b><br>MARTHA MANSON ACADEMY PARENT ORGANIZATION, INC.  |  |  |   |  |  |
| <b>Principal Place of Business</b><br>7715 S.W. 14TH AVE.<br>GAINESVILLE, FL 32607  |  |  | <b>Mailing Address</b><br>7715 S.W. 14TH AVE.<br>GAINESVILLE, FL 32607  |  |  |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b>  |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |  |  |
| City & State  |  | City & State   |   |  |  |
| Zip   |  | Country  |   | Zip  |  |
| Country   |  | Country  |   | Country  |  |
| <b>4. FEI Number</b><br>59-3564234  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |  |   | <b>\$8.75 Additional Fee Required</b>                  |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |  | <b>7. Name and Address of New Registered Agent</b>  |  |  |
| BRAUCHAMP, ROBERT<br>9631 NW 110TH CIRCLE<br>CHIEFLAND, FL 32644  |  |  | Name <u>BEAUCHAMP, ROBERT</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>105 EAST PARK AVE</u><br>City <u>CHIEFLAND</u> FL Zip Code <u>32644</u> |  |  |
| <b>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.</b>  |  |  |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |   |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>                     |  |
| <b>Make check payable to Florida Department of State</b>  |  |  |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>MCELROY, MICHELLE<br>9551 NW 115TH STREET<br>CHIEFLAND, FL 32626     | <input type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>REECEHAMP, MICHELLE<br>5306 NW 67TH STREET<br>GAINESVILLE, FL 32653 | <input type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>FLOTTE, KYE<br>13325 NW 112TH AVENUE<br>ALACHUA, FL 32615            | <input checked="" type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SEABERG, CAROL<br>188 SW 131ST STREET<br>NEWBERRY, FL 32669           | <input type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>WASSHAUSEN, LISA<br>6565 NW 81ST BOULEVARD<br>GAINESVILLE, FL 32653   | <input checked="" type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>ELLIS, DENISE<br>10707 SW 27TH AVENUE<br>GAINESVILLE, FL 32607       | <input checked="" type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | REECG, MICHELLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Nancy Coleman, Nancy<br>10312 NW 13th Ln<br>Gainesville, FL 32606     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>Beauchamp, Cathy<br>1442 SW 88th Drive<br>Gainesville, FL 32607      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |   |  |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b> |  |  |   |  |  |
| <b>SIGNATURE:</b> <u>Cathy Beauchamp</u>  |  | Date <u>4/26/06</u>  |   | Daytime Phone # <u>(352) 331-7908</u>                  |  |