

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001998

FILED
Jan 16, 2009
Secretary of State

Entity Name: COMMUNITY SCHOOL OF NAPLES, INC.

Current Principal Place of Business:

13275 LIVINGSTON ROAD
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

13275 LIVINGSTON ROAD
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-1920297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, KENNETH R
4001 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

JOHNSON, KENNETH R
C/O GOODLETTE COLEMAN & JOHNSON, P.A.
4001 TAMIAMI TRAIL NORTH , SUITE 300
NAPLES, FL 34103 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: KENNETH R. JOHNSON

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KENT, MAURICE D
Address: 13275 LIVINGSTON ROAD
City-St-Zip: NAPLES, FL 34109

Title: VD () Delete
Name: ALLEN, PAUL H
Address: 13275 LIVINGSTON RD
City-St-Zip: NAPLES, FL 34109

Title: TD () Delete
Name: MCKEAN, PAUL
Address: 13275 LIVINGSTON RD
City-St-Zip: NAPLES, FL 34109

Title: SD () Delete
Name: PAYNE, CHERYL R
Address: 13275 LIVINGSTON RD
City-St-Zip: NAPLES, FL 34109

Title: ASVD () Delete
Name: JOHNSON, KENNETH R
Address: 4001 TAMIAMI TRAIL NORTH #300
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: OTT, CHAD
Address: 13275 LIVINGSTON RD
City-St-Zip: NAPLES, FL 34109

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: H. DENTON BAKER

CFO

01/16/2009

Electronic Signature of Signing Officer or Director

Date