

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000004188**

**1. Entity Name**  
**PROVIDENCE COMMUNITY SCHOOL, INC.**



**Principal Place of Business**  
**5512 26TH STREET WEST**  
**BRADENTON, FL 34207**

**Mailing Address**  
**5512 26TH STREET WEST**  
**BRADENTON, FL 34207**



04062008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-0932239	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**KING, DAVID L**  
**2217 46TH ST CT W**  
**BRADENTON, FL 34209**

**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

U00000836551

04/25/08-80012-012 61.25

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>ARFONS, ERIC</b>
<b>STREET ADDRESS</b>	<b>2982 WILDERNESS BLVD EAST</b>
<b>CITY-ST-ZIP</b>	<b>PARRISH, FL 34219</b>
<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	<b>BENHAM, CHARLES</b>
<b>STREET ADDRESS</b>	<b>60056 38TH AVE EAST</b>
<b>CITY-ST-ZIP</b>	<b>BRADENTON, FL 342086671</b>
<b>TITLE</b>	<b>D.</b>
<b>NAME</b>	<b>HARDY, REBECCA</b>
<b>STREET ADDRESS</b>	<b>3503 17TH ST EAST</b>
<b>CITY-ST-ZIP</b>	<b>BRADENTON, FL 34208</b>
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	<b>KING, JULIE</b>
<b>STREET ADDRESS</b>	<b>2217 46TH ST CT W</b>
<b>CITY-ST-ZIP</b>	<b>BRADENTON, FL 34209</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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.**

**SIGNATURE:**

*Julie M. King*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-8-08 (941) 727-6860**  
**Date Daytime Phone #**