


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90732 039 ****61.25
09-02-04 01012 004 ****88.75

DOCUMENT # P04000126099 1. Entity Name PLANTATION LAKE ACADEMY ALTERNATIVE PRIVATE SCHOOL SYSTEM, INC.					
Principal Place of Business 2316 PLANTATION LAKE DRIVE ST. AUGUSTINE, FL 32084				Mailing Address 2316 PLANTATION LAKE DRIVE ST. AUGUSTINE, FL 32084	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 52-2373602				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUBIN, SUSAN L 15 ST. JOHNS MEDICAL PARK ST. AUGUSTINE, FL			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PSD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUBIN, SUSAN L		NAME		
STREET ADDRESS	2316 PLANTATION LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	VTD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUBIN, MICHAEL B		NAME		
STREET ADDRESS	2316 PLANTATION LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COWLING, MELANIE		NAME		
STREET ADDRESS	3617 LONE WOLF TRAIL		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ <i>MAY 1 2004</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					