

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000080492 (9)

1. Corporation Name

GREENFIELD PRIVATE SCHOOL, INC.



Principal Place of Business

16225 WINKLER ROAD
FORT MYERS FL 33908

Mailing Address

16225 WINKLER ROAD
FORT MYERS FL 33908

3. Date Incorporated or Qualified
11/02/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0532449

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCVETY, MICHAEL
13150 POINT BREEZE DR.
FT MYERS FL 33908

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent (if the agent is not the corporation)

2007 Registered Agent Signature required when filing

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME MCVETY, MICHAEL
STREET ADDRESS 16225 WINKLER ROAD
CITY- ST- ZIP FORT MYERS FL ☐ DELETE

TITLE S
NAME RENOSIS, LORRAINE
STREET ADDRESS 9081 LADYBUG CT
CITY- ST- ZIP FT MYERS FL ☐ DELETE

TITLE D
NAME BOECK, SHELLY
STREET ADDRESS 614 SE 16TH TERR
CITY- ST- ZIP CAPE CORAL FL ☒ DELETE

TITLE D
NAME CALTABIANO, LIZ
STREET ADDRESS 7100 PENNSYLVANIA ST
CITY- ST- ZIP FT MYERS FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE T ☒ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP ☐ Change ☐ Addition

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP ☐ Change ☐ Addition

3. TITLE P
3. NAME MCVETY, JON
3.3 STREET ADDRESS 14586 JONATHAN HARBOR DR
3.4 CITY- ST- ZIP FT MYERS FL ☐ Change ☒ Addition

4. TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP ☐ Change ☐ Addition

5. TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP ☐ Change ☐ Addition

6. TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael McVety MICHAEL MCVETY

04/30/96 941-482-1013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)