


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90347 024 \*\*\*150.00

|  |   |
|--|---|
| DOCUMENT # P96000011851                              |  |
| 1. Entity Name<br>NICENE SCHOOLS INTERNATIONAL, INC. |   |

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|--|--|
| Principal Place of Business<br>5801 PELICAN BAY BLVD<br>STE 300<br>NAPLES, FL 34108-2709 | Mailing Address<br>5801 PELICAN BAY BLVD<br>STE 300<br>NAPLES, FL 34108-2709 |
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**24048000**



02102004 No Chg-P CR2E034 (10/03)

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|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>65-0649778  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

WILSON, GARY K  
5801 PELICAN BAY BLVD  
STE 300  
NAPLES, FL 34108-2709

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|---|--|

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>EDGAR, PAUL<br>150 W HIGH ST<br>SOMERSWORTH, NH 03878            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SCOTT, OTTO<br>150 W. HIGH ST.<br>SOMERSWORTH, NH 03878          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CLARK, THOMAS III<br>150 W. HIGH STREET<br>SOMERSWORTH, NH 03878 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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: Rev. Thomas F. Clark, III Date: March 8, 2004 Daytime Phone #: 603 692-2093