

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-03-2004 90664 046 ***150.00

DOCUMENT # V24937

1. Entity Name

THE BLAKE SCHOOL OF LAKE CITY, INC.



Principal Place of Business

RT 17 BOX 2030
LAKE CITY FL 32055
US

Mailing Address

RT 17 BOX 2030
LAKE CITY FL 32055
US

2. Principal Place of Business

7443 US 90 WEST

Suite, Apt. #, etc.

3. Mailing Address

7443 US 90 WEST

Suite, Apt. #, etc.

City & State

LAKE CITY FL

City & State

LAKE CITY, FL

4. FEI Number

65-0343562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
32055

Country
COLUMBIA

Zip
32055

Country
COLUMBIA

6. Name and Address of Current Registered Agent

JORDAN, ROBERT F
300 CIRCLE DRIVE
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TABOL, VARRIS M	
STREET ADDRESS	1800 S OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE	STD	<input type="checkbox"/> Delete
NAME	JORDAN, LINNIE L	
STREET ADDRESS	RT 17 BOX 2030	
CITY-ST-ZIP	LAKE CITY FL 32055	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, LINNIE L	
STREET ADDRESS	7443 US 90 WEST	
CITY-ST-ZIP	LAKE CITY FL 32055	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINNIE L. JORDAN

Date

4/29/04

Daytime Phone #

386-953-8874