

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010913

Entity Name: BIG PINE ELEMENTARY ACADEMY, INC.**Current Principal Place of Business:**30220 OVERSEAS HIGHWAY
BIG PINE KEY, FL 33043**Current Mailing Address:**30220 OVERSEAS HIGHWAY
BIG PINE KEY, FL 33043**FEI Number:** 20-5732425**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOFFMAN, CATHY
30220 OVERSEAS HIGHWAY
BIG PINE KEY, FL 33043 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	ADM
Name	HOFFMAN, CATHY
Address	30220 OVERSEAS HIGHWAY
City-State-Zip:	BIG PINE KEY FL 33043

Title	D
Name	SURY, FELICIA
Address	30220 OVERSEAS HIGHWAY
City-State-Zip:	BIG PINE KEY FL 33043

Title	D
Name	SZEGLIN, ARTHUR
Address	30220 OVERSEAS HIGHWAY
City-State-Zip:	BIG PINE KEY FL 33043

Title	D
Name	HAGGARD, DREW
Address	30220 OVERSEAS HIGHWAY
City-State-Zip:	BIG PINE KEY FL 33043

Title	D
Name	RADY, JESSIKA
Address	30220 OVERSEAS HIGHWAY
City-State-Zip:	BIG PINE KEY FL 33043

Title	DIRECTOR
Name	THOMPSON, GENE
Address	30220 OVERSEAS HIGHWAY
City-State-Zip:	BIG PINE KEY FL

Title	DIRECTOR
Name	REEVES, JENNIFER
Address	30220 OVERSEAS HIGHWAY
City-State-Zip:	BIG PINE KEY FL 33043

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CATHY HOFFMAN**EXECUTIVE DIRECTOR****04/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date