

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005368

Entity Name: THE SCHOOL OF THE OZARKS, INC.**Current Principal Place of Business:**100 OPPORTUNITY AVE.
POINT LOOKOUT, MO 65726-0017**Current Mailing Address:**P.O. BOX 17
POINT LOOKOUT, MO 65726-0017**FEI Number:** 44-0556862**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
2ND FL
TALLAHASSEE, FL 32301 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 PRESIDENT
Name DAVIS, JERRY C
Address PO BOX 17
City-State-Zip: POINT LOOKOUT MO 65726

Title VP PATRIOTIC ACTIVITIES AND DEAN
 OF ADMISSIONS
Name LINSON, MARCI
Address PO BOX 17
City-State-Zip: POINT LOOKOUT MO 65726

Title VP FOR ACADEMIC AFFAIRS AND
 DEAN OF THE COLLEGE
Name BOLGER, ERIC
Address PO BOX 17
City-State-Zip: POINT LOOKOUT MO 65726

Title VP
Name KEETER, HOWELL W
Address PO BOX 17
City-State-Zip: POINT LOOKOUT MO 65726

Title VP VOCATIONAL PROGRAMS AND
 DEAN OF BUSINESS AFFAIRS
Name WIEBE, WESTIN T
Address PO BOX 17
City-State-Zip: POINT LOOKOUT MO 65726

Title VP OF CULTURAL AFFAIRS AND
 DEAN OF CHARACTER EDUCATION
Name HEAD, SUE
Address PO BOX 17
City-State-Zip: POINT LOOKOUT MO 65726

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: WESTIN T. WIEBEVP FOR VOCATIONAL
PROGRAMS

01/24/2020

Electronic Signature of Signing Officer/Director Detail

Date