2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007
Secretary of State

DOCUMENT# N01000000628

Entity Name: FOUNDATION ACADEMY OF WINTER GARDEN, INC.

Current Principal Place of Business:

125 E. PLANT ST.
WINTER GARDEN, FL 347873128

New Principal Place of Business:

Current Mailing Address:

125 E. PLANT ST.
WINTER GARDEN, FL 347873128

New Mailing Address:

FEI Number: 65-1067210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASMA, WILLIAM N P.A.
886 S. DILLARD STREET
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BRADFORD, WADE
Address: 111 MERICAM COURT
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: D ( ) Delete
Name: DARE, DEBBIE
Address: 501 HALEY
City-St-Zip: WINDERMERE, FL 34786 US

Title: D ( ) Delete
Name: GRAHAM, CHUCK
Address: 1048 HULL ISLAND DRIVE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: D (X) Delete
Name: OSTALKIEWICZ, CYNTHIA
Address: 10530 DOWN LAKEVIEW CIR
City-St-Zip: WINDERMERE, FL 34786

Title: D (X) Delete
Name: SHELTON, WAYNE
Address: 3479 CRYSTAL STREET
City-St-Zip: GOTHA, FL 347344619 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: TOMYN-MAXWELL, LIBBY
Address: 558 WOODSON AVE
City-St-Zip: OCOEE, FL 34786 US

Title: D (X) Change ( ) Addition
Name: BARKLEY, BETTE
Address: 255 DOE RUN DR
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANGELA RICHARDS OFFI 02/21/2007

Electronic Signature of Signing Officer or Director — Date