

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2009  
Secretary of State**

DOCUMENT# N02000005937

Entity Name: EAGLE ACADEMY INC.

**Current Principal Place of Business:**

8985 LONE STAR ROAD  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

8985 LONE STAR ROAD  
JACKSONVILLE, FL 32256

**New Mailing Address:**

8985 LONE STAR ROAD  
JACKSONVILLE, FL 32211

FEI Number: 02-0690141      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DAVIS, GEORGE L  
8985 LONE STAR ROAD  
JACKSONVILLE, FL 32211      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

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: DAVIS, GEORGE  
Address: 8985 LONE STAR ROAD  
City-St-Zip: JACKSONVILLE, FL 32211

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

Title: VD      ( ) Delete  
Name: DAVIS, APRIL  
Address: 8985 LONE STAR ROAD  
City-St-Zip: JACKSONVILLE, FL 32211

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

Title: TD      ( ) Delete  
Name: ASHLEY, E. SHAWN  
Address: 8985 LONE STAR ROAD  
City-St-Zip: JACKSONVILLE, FL 32211

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

Title: SD      ( ) Delete  
Name: JORDAN, RANDALL K  
Address: 8985 LONE STAR ROAD  
City-St-Zip: JACKSONVILLE, FL 32211

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

I hereby certify that the information supplied with this filing does not qualify 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: RANDALL K. JORDAN

SD

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date