

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90176 008 ****61.25

0004365

DOCUMENT # N02000005937

1. Entity Name
EAGLE ACADEMY INC.



Principal Place of Business
**8985 LONE STAR ROAD
JACKSONVILLE FL 32256**

Mailing Address
**8985 LONE STAR ROAD
JACKSONVILLE FL 32256**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

4. FEI Number
02-0690141

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BAREFIELD, WILLIAM E
3771 HARBOR CREEK CT.
JACKSONVILLE FL 32224**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE	NAME	TITLE	NAME
P/D	GEORGE L. DAVIS		
8985 LONE STAR ROAD	JACKSONVILLE, FL 32211		
V/D	APRIL R. DAVIS		
8985 LONE STAR ROAD	JACKSONVILLE, FL 32211		
T/D	E. SHAWN ASHLEY		
8985 LONE STAR ROAD	JACKSONVILLE, FL 32211		
S/D	RANDALL K. JORDAN		
8985 LONE STAR ROAD	JACKSONVILLE, FL 32211		

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 617, 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: PSIGNATURE REQUIRED 5-8-02 904-725-3636

CR2E037 (10/02)