

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004954

FILED  
Apr 15, 2011  
Secretary of State

**Entity Name:** THE SETON ACADEMY, INC.

**Current Principal Place of Business:**

5973 SW 42ND TERR.  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

5973 SW 42ND TERR.  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 27-2629971

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GUTIERREZ, NICOLAS J JR.  
283 CATALONIA AVE., 2ND FLOOR  
CORAL GABLES, FL 33134 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: PD  
Name: RANGEL-DIAZ, LILLIAM  
Address: 5973 SW 42ND TERR.  
City-St-Zip: MIAMI, FL 33155

Title: D  
Name: MENDIVE, SILVIA  
Address: 5973 SW 42ND TERR.  
City-St-Zip: MIAMI, FL 33155

Title: D  
Name: GALLEGO, ANA  
Address: 5973 SW 42ND TERR.  
City-St-Zip: MIAMI, FL 33155

Title: D  
Name: ACOSTA, SOFIA  
Address: 5973 SW 42ND TERR.  
City-St-Zip: MIAMI, FL 33155

Title: D  
Name: OLSEN-BARBARA, ROSA M  
Address: 5973 SW 42ND TERR.  
City-St-Zip: MIAMI, FL 33155

Title: D  
Name: ECHARTE, CAROLINA A  
Address: 5973 SW 42ND TERR.  
City-St-Zip: MIAMI, FL 33155

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: LILLIAM RANGEL-DIAZ

PD

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date