

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000057485

FILED
Jan 27, 2009
Secretary of State

Entity Name: FRANCIS XAVIER ACADEMY, INC.

Current Principal Place of Business:

851 NE 14TH AVENUE, SUITE 416
HALLANDALE, FL 33009

New Principal Place of Business:

851 NE 14TH AVENUE
SUITE 416
HALLANDALE, FL 33009

Current Mailing Address:

P.O. BOX 600717
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 65-0968374 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCCULLOUGH, STEPHEN D CLA
2702 W. OAKLAND PARK BLVD., SUITE A
FT.LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

MCCULLOUGH, STEPHEN D CLA
2702 WEST OAKLAND PARK BLVD
SUITE A
FT.LAUDERDALE, FL 33311 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

01/27/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WARE, MARGARET BREIG
Address: P.O. BOX 600717
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D () Delete
Name: BREIG, DONNA JO
Address: P.O. BOX 600717
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET BREIG WARE

D

01/27/2009

Electronic Signature of Signing Officer or Director

Date