

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000628

FILED  
Jul 06, 2006  
Secretary of State

**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 ( )**  
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:**

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

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

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

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

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

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

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

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

CFO

07/06/2006

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

\_\_\_\_\_  
Date