

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000628

FILED
Jul 21, 2008
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:

15304 TILDEN ROAD
WINTER GARDEN, FL 34787

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:

ASMA, WILLIAM N P.A.
886 S. DILLARD STREET
WINTER GARDEN, FL 34787 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: PRES () Delete
Name: TOMLYN-MAXWELL, LIBBY
Address: 558 WOODSON AVE
City-St-Zip: OCOEE, FL 34761 US

Title: V-PR () Delete
Name: GRIMM, DAVID
Address: 14611 AVENUE OF THE RUSHES
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: TREA () Delete
Name: ATWOOD, JAMES
Address: 1614 DEBUT LANE
City-St-Zip: OAKLAND, FL 34787 US

Title: SECR () Delete
Name: WHITE, JUDY
Address: 2214 EL MARRA DR
City-St-Zip: OCOEE, FL 34761

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:

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: ANGELA RICHARDS

FINM

07/21/2008

Electronic Signature of Signing Officer or Director

Date