

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743568

**Entity Name:** HAMPDEN DUBOSE ACADEMY, INC.

**Current Principal Place of Business:**

3700 DOHNAVUR DRIVE  
ZELLWOOD, FL 32798

**Current Mailing Address:**

P.O. BOX 639  
ZELLWOOD, FL 32798

**FEI Number:** 59-1031571

**Certificate of Status Desired:** No

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

DUBOSE, GEORGE  
6841 OSCEOLA DR.  
MOUNT DORA, FL 32757 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

**Officer/Director Detail :**

Title D  
Name DUBOSE, GEORGE H  
Address 6841 OSCEOLA DR.  
City-State-Zip: MOUNT DORA FL 32757

Title VD  
Name CHAPMAN, RONALD  
Address P O BOX 664  
City-State-Zip: PLYMOUTH FL 32768

Title SDTD  
Name WONDERLY, SCOTT  
Address 4712 JAMERSON PL  
City-State-Zip: ORLANDO FL 32807

Title D  
Name LOGUE, WILLIAM  
Address 3206 ARDSELY DRIVE  
City-State-Zip: ORLANDO FL

Title D  
Name MELOON, WALT N  
Address 6100 S. ORANGE AVE  
City-State-Zip: ORLANDO FL 32809

*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:** GEORGE H. DUBOSE

**DIRECTOR**

**02/06/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date