

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000628

**Entity Name:** FOUNDATION ACADEMY OF WINTER GARDEN, INC.**Current Principal Place of Business:**15304 TILDEN RD  
WINTER GARDEN, FL 34787**Current Mailing Address:**15304 TILDEN ROAD  
WINTER GARDEN, FL 34787**FEI Number:** 65-1067210**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BUCKLES, DAVID  
15304 TILDEN RD  
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:** DAVID BUCKLES

01/10/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BYRD, MARK  
Address       15304 TILDEN RD  
City-State-Zip: WINTER GARDEN FL 34787

Title           DIRECTOR  
Name           GROSSHANS, TIM  
Address       15304 TILDEN RD  
City-State-Zip: WINTER GARDEN FL 34787

Title           CHAIRMAN  
Name           HIGGS, VINCE  
Address       15304 TILDEN RD  
City-State-Zip: WINTER GARDEN FL 34787

Title           DIRECTOR  
Name           FERRELL, JONATHAN  
Address       15304 TILDEN ROAD  
City-State-Zip: WINTER GARDEN FL 34787

Title           DIRECTOR  
Name           EDWARDS, TIFFANY  
Address       15304 TILDEN RD  
City-State-Zip: WINTER GARDEN FL 34787

Title           SECRETARY  
Name           HOENSTINE, KAREN  
Address       15304 TILDEN RD  
City-State-Zip: WINTER GARDEN FL 34787

Title           PRESIDENT  
Name           BUCKLES, DAVID  
Address       15304 TILDEN RD  
City-State-Zip: WINTER GARDEN FL 34787

Title           DIRECTOR  
Name           DAVID, TIM  
Address       15304 TILDEN RD  
City-State-Zip: WINTER GARDEN FL 34787

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*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:** DAVID BUCKLES

PRESIDENT

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MEAD-HALL, DENISE
Address	15304 TILDEN RD
City-State-Zip:	WINTER GARDEN FL 34787