

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004145

**FILED**  
**Jan 16, 2015**  
**Secretary of State**  
**CC4813063883**

**Entity Name:** WHOLE CHILD CHARTER ACADEMY INCORPORATED

**Current Principal Place of Business:**

500 TOMOKA ROAD  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

500 TOMOKA ROAD  
DAYTONA BEACH, FL 32114

**FEI Number: 22-3963646**

**Certificate of Status Desired: No**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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            PRES  
Name            BROXTON, LAWRENCE HSR.  
Address        500 TOMOKA ROAD  
City-State-Zip: DAYTONA BEACH FL 32114

Title            EVP  
Name            BROXTON, LAWRENCE HJR.  
Address        500 TOMOKA ROAD  
City-State-Zip: DAYTONA BEACH FL 32114

Title            EVP  
Name            CANADY, JOHN L  
Address        500 TOMOKA ROAD  
City-State-Zip: DAYTONA BEACH FL 32114

Title            S  
Name            WILLIAMS, VICKIE D  
Address        500 TOMOKA ROAD  
City-State-Zip: DAYTONA BEACH FL 32114

Title            T/D  
Name            WILLIAMS, DURAN  
Address        500 TOMOKA ROAD  
City-State-Zip: DAYTONA BEACH FL 32114

*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: LAWRENCE H. BROXTON**

**PRESIDENT**

**01/16/2015**

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

\_\_\_\_\_  
Date