## **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004711

Entity Name: THE ACADEMY OF ABILITY INC.

**Current Principal Place of Business:** 

130 EAST MARKS STREET ORLANDO, FL 32803

**Current Mailing Address:** 

130 EAST MARKS STREET ORLANDO, FL 32803

FEI Number: 27-2569715 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A TAMPA, FL 33612 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

FILED Feb 04, 2013

**Secretary of State** 

CC9183362777

Officer/Director Detail:

Title P Title S

Name HARRIS, WILLIAM Name MEDER, SALIESHA

Address 2438 ORSOTA CIRCLE Address 17660 COUNT ROAD 455

City-State-Zip: OCOEE FL 34761-5002 City-State-Zip: MONTVERDE FL 34756-4012

Title D Title D

Name MCELROY, HOLLY Name BROWN, SIGRID L

Address 738 ALBERTSON PLACE Address 9615 WESTOVER CLUB CIRCLE
City-State-Zip: ORLANDO FL 32806-7021 City-State-Zip: WINDERMERE FL 34786-6225

Title D

Name BANKS, LAURENCE Address 2223 LEU ROAD

City-State-Zip: ORLANDO FL 32803-1519

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: WILLIAM HARRIS PRESIDENT 02/04/2013

Electronic Signature of Signing Officer/Director Detail

Date