

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004711

Entity Name: THE ACADEMY OF ABILITY INC.**Current Principal Place of Business:**1600 SOUTH ORLANDO AVE
100
WINTER PARK, FL 32789**Current Mailing Address:**2438 ORSOTA CIRCLE
OCOE, FL 34761-5002 US**FEI Number:** 27-2569715**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD
SUITE 36
ORLANDO, FL 32822 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	DIRECTOR
Name	HARRIS, WILLIAM
Address	2438 ORSOTA CIRCLE
City-State-Zip:	OCOE FL 34761-5002

Title	S
Name	MEDER, SALIESHA
Address	17660 COUNT ROAD 455
City-State-Zip:	MONTVERDE FL 34756-4012

Title	PRESIDENT
Name	MCELROY, HOLLY
Address	738 ALBERTSON PLACE
City-State-Zip:	ORLANDO FL 32806-7021

Title	D
Name	JOHNSON, KWESI
Address	2440 ORSOTA CIRCLE
City-State-Zip:	OCOE FL 34761-5002

Title	DIRECTOR
Name	FARLEY, ERIC
Address	1545 MARDEN RIDGE LOOP 409
City-State-Zip:	APOPKA FL 34761

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 H HARRIS**DIRECTOR****02/03/2021**

Electronic Signature of Signing Officer/Director Detail

Date