

**2014 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

**Officer/Director Detail :**

Title P  
Name HARRIS, WILLIAM  
Address 2438 ORSOTA CIRCLE  
City-State-Zip: OCOEE FL 34761-5002

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

Title D  
Name BANKS, LAURENCE  
Address 2223 LEU ROAD  
City-State-Zip: ORLANDO FL 32803-1519

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

Title D  
Name BROWN, SIGRID L  
Address 9615 WESTOVER CLUB CIRCLE  
City-State-Zip: WINDERMERE FL 34786-6225

*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**

**04/04/2014**

Electronic Signature of Signing Officer/Director Detail

Date