

2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N12000002124

Entity Name: BELMONT ACADEMY, INC.

Current Principal Place of Business:

1476 SW WALTER AVENUE
LAKE CITY, FL 32024

Current Mailing Address:

1476 SW WALTER AVENUE
LAKE CITY, FL 32024 US

FEI Number: 45-4185220

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE ARNOLD LAW FIRM, L.L.C.
3840 CROWN POINT ROAD
SUITE B
JACKSONVILLE, FL 32257 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, SECRETARY
Name MYERS, WILLIAM
Address 1476 SW WALTER AVE.
City-State-Zip: LAKE CITY FL 32024

Title CEO
Name UNRAU, R LAWTON
Address 1476 SW WALTER AVENUE
City-State-Zip: LAKE CITY FL 32024

Title DIRECTOR
Name TYLER, KATIE
Address 1476 SW WALTER AVENUE
City-State-Zip: LAKE CITY FL 32024

Title DIRECTOR, TREASURER
Name HANDY, JONNY
Address 1476 SW WALTER AVENUE
City-State-Zip: LAKE CITY FL 32024

Title DIRECTOR
Name YOUNG, SHELLIE
Address 1476 SW WALTER AVE
City-State-Zip: LAKE CITY FL 32024

Title DIRECTOR
Name POOLE, JAY
Address 1476 SW WALTER AVENUE
City-State-Zip: LAKE CITY FL 32024

Title DIRECTOR, PRESIDENT, CHAIRMAN
Name LARSEN, CHASE
Address 1476 SW WALTER AVENUE
City-State-Zip: LAKE CITY FL 32024

Title DIRECTOR
Name KIRSCH, ALEX
Address 1476 SW WALTER AVENUE
City-State-Zip: LAKE CITY FL 32024

Continues on page 2

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 MYERS

SECRETARY

08/16/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TEPEDINO, MIGUEL DR.
Address 1476 SW WALTER AVENUE
City-State-Zip: LAKE CITY FL 32024