

**2022 FLORIDA NOT FOR PROFIT CORPORATION 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:**

ARNOLD & SICHTA, LLC  
6279 DUPONT STATION COURT  
JACKSONVILLE, FL 32217 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:** MELISSA M GROSS-ARNOLD, ESQ.

01/31/2022

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

Title DIRECTOR  
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

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*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**

01/31/2022

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