

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000006510

**Entity Name:** ATHLIUS ACADEMY INC.**Current Principal Place of Business:**565 HEBRIDES COURT  
APOPKA, FL 32712**Current Mailing Address:**565 HEBRIDES COURT  
APOPKA, FL 32712 US**FEI Number:** 83-0994137**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOVAN SAMPEUR, FABIOLA  
565 HEBRIDES COURT  
APOPKA, FL 32712 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:** FABIOLA LOVAN SAMPEUR

03/10/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	LOVAN SAMPEUR, FABIOLA
Address	565 HEBRIDES COURT
City-State-Zip:	APOPKA FL 32712

Title	PR
Name	ARCHER, EMMANUELLA
Address	10000 SW 52ND AVE
City-State-Zip:	GAINESVILLE FL 32608

Title	S
Name	LOVAN, GUY L
Address	565 HEBRIDES COURT
City-State-Zip:	APOPKA FL 32712

Title	T
Name	ROGENUS, NADEGE J
Address	3491 GRETCHEN DR
City-State-Zip:	OCOE FL 34761

Title	O
Name	ISAAC, CARL HENRY
Address	122 W 14TH STREET
City-State-Zip:	DEER PARK NY 11729

*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:** FABIOLA LOVAN SAMPEUR

PRESIDENT

03/10/2020

Electronic Signature of Signing Officer/Director Detail

Date