

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003597

**Entity Name:** MCKEEL ACADEMY OF TECHNOLOGY, INC.

**Current Principal Place of Business:**

1810 W. PARKER ST.  
LAKELAND, FL 33815

**FILED**  
**Feb 06, 2013**  
**Secretary of State**  
**CC8027059478**

**Current Mailing Address:**

303 E PEACHTREE STREET  
LAKELAND, FL 33801 US

**FEI Number: 65-0854467**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MAREADY, HAROLD  
1810 W. PARKER ST.  
LAKELAND, FL 33815 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           MCKEEL, SETH  
Address        1810 W. PARKER ST.  
City-State-Zip: LAKELAND FL 33815

Title           PRESIDENT  
Name           MAREADY, HAROLD  
Address        1810 W. PARKER STREET  
City-State-Zip: LAKELAND FL 33815

Title           DIRECTOR  
Name           ROSS, LAWRENCE  
Address        1810 W. PARKER ST.  
City-State-Zip: LAKELAND FL 33815

Title           CHAIRMAN  
Name           CAFFEY, TAYLOR  
Address        1810 W. PARKER ST.  
City-State-Zip: LAKELAND FL 33815

Title           DIRECTOR  
Name           THOMPSON, MARK  
Address        1810 W. PARKER ST.  
City-State-Zip: LAKELAND FL 33815

Title           SECRETARY  
Name           ALAMAZAN, SUSAN  
Address        1810 W. PARKER ST.  
City-State-Zip: LAKELAND FL 33815

Title           TREASURER  
Name           RAMIREZ, JULIE  
Address        303 E PEACHTREE STREET  
City-State-Zip: LAKELAND FL 33801

Title           DIRECTOR  
Name           CAMPBELL, STEPHANIE  
Address        1810 W. PARKER ST.  
City-State-Zip: LAKELAND FL 33815

**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: JULIE RAMIREZ**

**FINANCE DIRECTOR,  
TREASURER**

**02/06/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WOOLEY-BROWN, CATHY  
Address 1810 W. PARKER ST.  
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR  
Name STARGEL, JOHN  
Address 1810 W. PARKER ST.  
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR  
Name PEEPLES, MICHAEL  
Address 1810 W. PARKER ST.  
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR  
Name WALKER, PHILLIP  
Address 1810 W. PARKER ST.  
City-State-Zip: LAKELAND FL 33815