

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003597

FILED
Jan 09, 2014
Secretary of State
CC1411230177

Entity Name: MCKEEL ACADEMY OF TECHNOLOGY, INC.

Current Principal Place of Business:

1810 W. PARKER ST.
LAKELAND, FL 33815

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:

BLACK, ALAN
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: ALAN BLACK

01/09/2014

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 BLACK, ALAN
Address 1810 W. PARKER ST.
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 HAZELL, OLIVIA
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

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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: JULIE RAMIREZ

FINANCE DIRECTOR

01/09/2014

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