

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

DOCUMENT# N98000003597

**Entity Name:** THE SCHOOLS OF MCKEEL ACADEMY INC.

**Current Principal Place of Business:**

303 E PEACHTREE STREET  
LAKELAND, FL 33801

**Current Mailing Address:**

3616 HARDEN BLVD  
SUITE 389  
LAKELAND, FL 33803 US

**FEI Number:** 65-0854467

**Certificate of Status Desired:** No

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

BLACK, ALAN  
303 E PEACHTREE STREET  
LAKELAND, FL 33801 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

01/18/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MCKEEL, SETH  
Address 303 E PEACHTREE STREET  
City-State-Zip: LAKELAND FL 33801

Title PRESIDENT  
Name BLACK, ALAN  
Address 303 E PEACHTREE STREET  
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR  
Name CAFFEY, TAYLOR  
Address 303 E PEACHTREE STREET  
City-State-Zip: LAKELAND FL 33801

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

Title DIRECTOR  
Name CAMPBELL, STEPHANIE  
Address 303 E PEACHTREE STREET  
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR  
Name CLANTON, MICHAEL  
Address 303 E PEACHTREE STREET  
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR  
Name PEEPLES, MICHAEL  
Address 303 E PEACHTREE STREET  
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR  
Name WALKER, PHILLIP  
Address 303 E PEACHTREE STREET  
City-State-Zip: LAKELAND FL 33801

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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 EHNLE

ASSISTANT  
DIRECTOR/TREASURER

01/18/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name YON, JACKIE  
Address 303 E PEACHTREE STREET  
City-State-Zip: LAKELAND FL 33801

Title CS  
Name EISENHARDT, JEAN  
Address 303 E PEACHTREE STREET  
City-State-Zip: LAKELAND FL 33801

Title CHAIRMAN  
Name SYNDER, ANDREW  
Address 303 E PEACHTREE STREET  
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR  
Name MCCAULLEY, FRANK  
Address 303 E PEACHTREE STREET  
City-State-Zip: LAKELAND FL 33801