2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713395

FILED Feb 06, 2012 Secretary of State

Entity Name: MONTVERDE ACADEMY, INC.

Current Principal Place of Business: New Principal Place of Business:

17235 SEVENTH STREET MONTVERDE, FL 34756

Current Mailing Address: New Mailing Address:

17235 SEVENTH STREET MONTVERDE, FL 34756

FEI Number: 59-0657329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KESSELRING, KASEY C
17235 7TH ST
MONTVERDE ACADEMY
MONTVERDE, FL 34756 US

KESSELRING, KASEY C
17235 SEVENTH ST
MONTVERDE ACADEMY
MONTVERDE ACADEMY
MONTVERDE, FL 34756 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: 02/06/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CT

Name: WALTER, STEPHENS L DR

Address: 17235 7TH ST

City-St-Zip: MONTVERDE, FL 34756

Title: VC

Name: STEPHENS, SANDRA O Address: 17235 7TH ST

City-St-Zip: MONTVERDE, FL 34756

Title: S

Name: BACH, TIM J Address: 17235 7TH ST

City-St-Zip: MONTVERDE, FL 34756

Title: BM

Name: MASON, MIKE T Address: 17235 7TH ST

City-St-Zip: MONTVERDE, FL 34756

Title: BM

Name: NELSON, GREGORY L T

Address: 17235 7TH ST

City-St-Zip: MONTVERDE, FL 34756

Title: BM

 Name:
 LUNDY, RENEE S T

 Address:
 17235 7TH ST

 City-St-Zip:
 MONTVERDE, FL 34756

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: DR. WALTER L. STEPHENS CT 02/06/2012