

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90029 029 ****70.00

DOCUMENT # 736234

1. Entity Name
THE GALILEAN ACADEMY, INC.

Principal Place of Business BOB SIKES ROAD PO BOX 1488 DEFUNIAK SPRINGS FL 32433	Mailing Address PO BOX 1488 2483 COUNTY RD 280 W DEFUNIAK SPRINGS FL 32435
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1724149	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**VOGEL, NELLIE L
 2483 COUNTY ROAD 280 W.
 DEFUNIAK SPRINGS FL 32433**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

8. 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 Nellie L. Vogel - Director - Treas. DATE 1-22-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	VOGEL, NELLIE L.	
STREET ADDRESS	PO BOX 1488	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32435	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, BEVERLY	
STREET ADDRESS	RT. 1 BOX 204	
CITY-ST-ZIP	ORLANDO, KY	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILBURNE, ROBERT	
STREET ADDRESS	BOX 160, ROUTE 2	
CITY-ST-ZIP	CORBIN KY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nellie L. Vogel **REC'D** Nellie L. Vogel - Director Treas. DATE 1-22-02 DAYTIME PHONE # 850-892-3421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)