


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 20, 2006 08:00 AM
Secretary of State

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
--	--



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

2nd MOORE CR2E037 (4/06)

4. FEI Number 59-1724149	Applied For <input type="checkbox"/> Not Applicable
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 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

600000571368
 07/20/06-2006-004 70.00
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW - FEE IS \$61.25 Due By September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
---	---	--

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 - Nellie L. Vogel 7-18-06 850-892-3421