

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736234

FILED
Jul 02, 2009
Secretary of State

Entity Name: THE GALILEAN ACADEMY, INC.

Current Principal Place of Business:

BOB SIKES ROAD
PO BOX 1488
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

2483 BOB SIKES RD.
DEFUNIAK SPRINGS, FL 32435

Current Mailing Address:

PO BOX 1488
2483 COUNTY RD 280 W
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

PO BOX 1488
DEFUNIAK SPRINGS, FL 32433

FEI Number: 59-1724149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VOGEL, NELLIE L
2483 COUNTY ROAD 280 W.
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

VOGEL, NELLIE L
2483 BOB SIKES RD.
DEFUNIAK SPRINGS, FL 32435 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: NELLIE L. VOGEL

07/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: VOGEL, NELLIE L.
Address: PO BOX 1488
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VD () Delete
Name: SMITH, BEVERLY
Address: RT. 1 BOX 204
City-St-Zip: ORLANDO, KY

Title: PD () Delete
Name: MILBURNE, ROBERT
Address: BOX 160, ROUTE 2
City-St-Zip: CORBIN, KY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: VOGEL, NELLIE L.
Address: 2483 BOB SIKES RD.
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NELLIE L. VOGEL

DIR

07/02/2009

Electronic Signature of Signing Officer or Director

Date