

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736234

FILED  
Jan 14, 2010  
Secretary of State

**Entity Name:** THE GALILEAN ACADEMY, INC.

**Current Principal Place of Business:**

2483 BOB SIKES RD.  
DEFUNIAK SPRINGS, FL 32435

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1488  
DEFUNIAK SPRINGS, FL 32433

**New Mailing Address:**

FEI Number: 59-1724149

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

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: NELL L. VOGEL

DIR.

01/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date