

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743568

FILED
Apr 28, 2006
Secretary of State

Entity Name: HAMPDEN DUBOSE ACADEMY, INC.

Current Principal Place of Business:

5400 SADLER AVE.
P.O. BOX 639
ZELLWOOD, FL 32798

New Principal Place of Business:

Current Mailing Address:

5400 SADLER AVE.
P.O. BOX 639
ZELLWOOD, FL 32798

New Mailing Address:

FEI Number: 59-1031571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBOSE, GEORGE
6841 OSCEOLA DRIVE
MOUNT DORA, FL 32757 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: D () Delete
Name: LOGUE, WILLIAM
Address: 3206 ARDSLEY DR
City-St-Zip: ORLANDO, FL

Title: VD () Delete
Name: CHAPMAN, RONALD
Address: P O BOX 664
City-St-Zip: PLYMOUTH, FL 32768

Title: SDTD () Delete
Name: DUBOSE, GEORGE H
Address: 6841 OSCEOLA
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: WONDERLY, SCOTT
Address: 4712 JAMERSON PL
City-St-Zip: ORLANDO, FL 32807

Title: PD () Delete
Name: DIPPY, THEODORE DR
Address: 22904 COUNTY ROAD 561
City-St-Zip: ASTATULA, FL 34705

Title: D () Delete
Name: MELOON, WALT N
Address: CORRECTCRAFT/6100 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: GEROGE H. DUBOSE

SDTD

04/28/2006

Electronic Signature of Signing Officer or Director

Date