


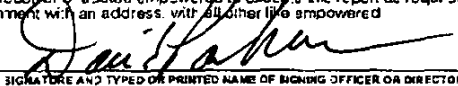
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Daniel P. Johnson

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90004 050 ****70.00

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000004409			
1. Entity Name HOMELIFE ACADEMY, INCORPORATED			
Principal Place of Business PO BOX 34758 MEMPHIS, TN 38184		Mailing Address PO BOX 186 LLOYD, FL 32337	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite Apt. # etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FE Number: 83-0373817		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 JOHNSON, DON 930 HIAWATHA FARMS RD. MONTICELLO, FL 32344		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	C PARKERSON, DAVID PO BOX 34758 MEMPHIS, TN 38184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another line empowered.			
SIGNATURE: 		8/16/06 901-517-0509	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

Aug 05 06 10:24a

Daniel P. Johnson

(850) 997-0789

p.4

ATTACHMENT

20053101

F05000004409

HomeLife **ACADEMY**

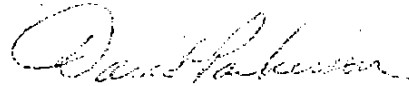
7-24-06

To Whom it May Concern,

I completed the new online Annual Survey. However, we received the notice of intent to dissolve postcard. Perhaps the Notarized copy was not sent.

Please find enclosed the notarized Annual Survey form. And please contact me to verify that this satisfies the requirements. Thank you.

Sincerely,

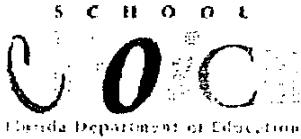


David Parkerson

ATTACHMENT 20053101

#F05000004409

Office of Independent Education and Parental Choice



2005-2006 Annual Survey



School Name: HOME LIFE ACADEMY
Program/Status: None
School District: LEON
Address: P.O. BOX 4378
City, State, Zip: TALLAHASSEE, FL 32315
Director/Owner: DAVID W. PARKERSON, M.S.

I hereby attest that as owner/chief administrative officer of the above named school I have been fingerprinted and have submitted these fingerprints to the Florida Department of Law Enforcement in accordance with 1002.42 (2)(c)(4) Florida Statutes.

Signature: David W. Parkerson M.S.Name (Print): DAVID W. PARKERSON M.S.Sworn and subscribed before me this 13 day of JULY, 2006

Notary Public, State of

~~Florida~~TENNESSEE, SHELBY CO.

Notary's Name (Print):

ROBERT H. BROWNPersonally Known: ☒

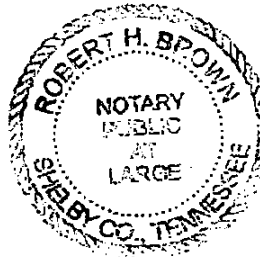
Produced Identification: _____

Type: _____

Notary Public TENNESSEE, SHELBY CO.
State of ~~Florida~~ at large.

My commission expires: MY COMMISSION EXPIRES AUG. 29, 2006

Notary Seal:



ATTACHMENT 20053101
 #F05000004409

Current scholarship program(s): None

Section 1: General Information

- | | |
|---|--|
| 1) * School Name | HOME LIFE ACADEMY |
| 2) School Code (4-digit school number) | 4618 |
| 3) District | Leon |
| 4) * Date School Established | 10/31/2003 |
| 5) * Street Address (no P.O. box) | P.O.BOX 4378 |
| 6) * City, Zip | TALLAHASSEE, 32315 |
| 7) Mailing Address (if different from above) | |
| 8) Mailing Address City, Zip | |
| 9) * School Phone | (888) 560-0774 |
| 10) School Fax | 560-0774 |
| 11) School Website | http:// |
| 12) * School Director/Principal | DAVID W. PARKERSON, M.S. |
| 13) * Director/Principal Email | ADMIN@HOMELIFEACADEMY.COM |
| 14) * Director/Principal Date of Birth | 3/16/1970 |
| 15) Director/Principal SSN# | |
| 16) School Contact Person (if different from director) | DAVID W. PARKERSON |
| 17) School Contact Email | ADMIN@HOMELIFEACADEMY.COM |
| 18) * 9-Digit Federal Employer Identification Number (FEIN) (9 digits, no punctuation) | 830373817 |
| 19) * Is your school a Military School? | No |
| 20) * Is your school a Religious School? | Yes |
| 21) If you answered yes to question 20, please indicate the denomination: | non-denominational |
| 22) * (Revised July 20, 2004) Where is the majority of instruction for students delivered? | At a private dwelling (i.e. home) |
| 23) * (Revised July 20, 2004) What is the primary method of instruction delivery for students? | Direct contact between the instructor and the students. |
| 24) * Students | Coed |
| 25) * Predominant Program Type | Regular |
| 26) * Is this school a nonprofit organization? | No |
| 27) * Does this school have classes exclusively for children with exceptionalities? | Yes |
| 28) * Does this school offer exceptional student education services and other related services? | Yes |
| 29) Explain: | Teaching, resource, and counseling |
| 30) * What is the grade range of this school? | This school teaches from kindergarden through twelfth grade. |
| 31) * Number of days school is in session during the academic year: | 190 |