

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000979

FILED
Apr 11, 2009
Secretary of State

Entity Name: DOT'S SUCCESS ACADEMY, INC.

Current Principal Place of Business:

921 27TH STREET
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

921 27TH STREET
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 06-1753687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINON, SYLVESTER
1461 N. MANGONIA DRIVE
WEST PALM BEACH, FL 33401 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: MCKINON, DOROTHY
Address: 1461 N. MAGNOLIA DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: BROOKS, BILLIE
Address: 336 W. 15TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: SLEDGE, ELLEN
Address: 4008 WAVERLY DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: EPPS, JUANITA
Address: 1340 7TH STREET
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: FREEMAN, SHADID
Address: 7928 PIPER LANE
City-St-Zip: LAKE WORTH, FL 33463

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: DOROTHY MCKINON

D

04/11/2009

Electronic Signature of Signing Officer or Director

Date