2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007
Secretary of State

DOCUMENT# N00000004421

Entity Name: HALE ACADEMY, INC.

Current Principal Place of Business:

3443 SW 20 ST
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

3443 SW 20 ST
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-3664852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONE, DOUGLAS P JR.
500 NW 27TH AVE.
OCALA, FL 34475 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: T ( ) Delete
Name: CONE, DOUGLAS P JR.
Address: 500 NW 27TH AVE.
City-St-Zip: OCALA, FL 34475

Title: T ( ) Delete
Name: BOYD, THAD
Address: 1700 SE 17TH STREET
City-St-Zip: OCALA, FL 34471

Title: T ( ) Delete
Name: VERO, FRANK
Address: 6051 SW 18TH COURT RD
City-St-Zip: OCALA, FL 34474

Title: T (X) Delete
Name: MURVIN, CARMEN
Address: 2230 6TH TERR
City-St-Zip: OCALA, FL 34471

Title: T (X) Delete
Name: MORRIS, MIKE
Address: 2390 LAUREL RUN DR
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: BOYD, THAD
Address: 1720 SE 16TH AVENUE, BLDG 200
City-St-Zip: OCALA, FL 34471

Title: T (X) Change ( ) Addition
Name: CROLEY, THOMAS L M.D.
Address: 3220 SW 17TH AVENUE
City-St-Zip: OCALA, FL 34474

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: DOUGLAS P. CONE, JR. T 03/22/2007

Electronic Signature of Signing Officer or Director — Date