

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004421

FILED  
Apr 20, 2009  
Secretary of State

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: 1720 SE 16TH AVENUE, BLDG 200  
City-St-Zip: OCALA, FL 34471

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

**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:

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: MR. DOUGLAS P. CONE, JR.

T

04/20/2009

Electronic Signature of Signing Officer or Director

Date