2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 19, 2006 8:00 am
Secretary of State
04-21-2006 90107 017 ****61.25

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04102006 Chg-NP CR2E037 (11/05)

DOCUMENT # N01000004688

1. Entity Name
FUTURE LEADERS ACADEMY FOR ARTS AND SCIENCE, INC.

Principal Place of Business	Mailing Address
517 SW 27TH AVE OCALA, FL 34474	517 SW 27TH AVE OCALA, FL 34474

2. Principal Place of Business	3. Mailing Address
12500 NW 97th Pl Suite, Apt. #, etc.	P.O. Box 4995 Suite, Apt. #, etc.
City & State: OCALA, FL	City & State: OCALA, FL
Zip: 34482 Country:	Zip: 344 Country: MARION

4. FEI Number: 65-1118852 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POOLE, EUGENE ~~P.O. BOX 4995~~ OCALA, FL ~~34478~~ 12500 NW 97th Pl OCALA, FL 34482	Name: Future Leaders Academy Street Address (P.O. Box Number is Not Acceptable): 12500 NW 97th Place City: OCALA, FL FL Zip Code: 34482

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: Eugene A. Poole
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	CD POOLE, EUGENE A 12500 N.W. 97TH PLACE OCALA, FL 34482	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COD STEVENSON, ROBERT 1921 N.W. 13TH PLACE OCALA, FL 34475	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] JENKINS ☒ Change ☒ Addition WHITFIELD 2200 NW. 34th RD. OCALA FL 34475
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ARIAS, LILIANA RICO 1 CEDAR TRACE PASS OCALA, FL 34472	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Shirley Whitlep ☒ Change ☒ Addition 9188 NE 27th TER. OCALA, Florida 32617
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: Eugene A. Poole Eugene A. Poole 4-10-2006 352-732-0409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #