

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N01000004869

Entity Name: HOLLY OAKS ACADEMY, INC.

Current Principal Place of Business:

P.O. BOX 350194
JACKSONVILLE, FL 32235

New Principal Place of Business:

1300 WESTLAWN DRIVE
JACKSONVILLE, FL 32211

Current Mailing Address:

P.O. BOX 350194
JACKSONVILLE, FL 32235

New Mailing Address:

FEI Number: 59-3735928 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAINES, TIMOTHY P
3560 SOUTH THIRD ST
JACKSONVILLE BEACH, FL 32250 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: PD () Delete
Name: SCIULLO, JODY L
Address: P.O. BOX 350194
City-St-Zip: JACKSONVILLE, FL 32235

Title: VPD () Delete
Name: CURBELO, KAREN
Address: P.O. BOX 350194
City-St-Zip: JACKSONVILLE, FL 32235

Title: D () Delete
Name: SCIULLO, MARK V
Address: P.O. BOX 350194
City-St-Zip: JACKSONVILLE, FL 32235

Title: D () Delete
Name: CURBELO, JOSE O
Address: P.O. BOX 350194
City-St-Zip: JACKSONVILLE, FL 32235

Title: SD () Delete
Name: RAINES, STEFANIE M
Address: 12226 GLENN HOLLOW DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: TD () Delete
Name: RAINES, TIMOTHY P
Address: P.O. BOX 350194
City-St-Zip: JACKSONVILLE, FL 32235

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:

Title: () Change () Addition
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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: TIMOTHY P. RAINES

TD

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date