2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004869

Entity Name: HOLLY OAKS ACADEMY, INC.

FILED Mar 10, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

1300 WESTLAWN DRIVE 12018 GRAND LAKES DRIVE JACKSONVILLE, FL 32211 12018 GRAND LAKES DRIVE JACKSONVILLE, FL 32258

Current Mailing Address: New Mailing Address:

P.O. BOX 350194 1279 DEGROVE ROAD JACKSONVILLE, FL 32235 ST. JOHNS, FL 32259

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAINES, TIMOTHY P

3560 SOUTH THIRD ST

JACKSONVILLE BEACH, FL 32250 US

SCIULLO, MARK V

1279 DEGROVE ROAD

ST JOHNS, FL 32259 US

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: MARK V. SCIULLO 03/10/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: SCIULLO, JODY L Name: SCIULLO, JODY L Address: P.O. BOX 350194 Address: 1279 DEGROVE ROAD

City-St-Zip: JACKSONVILLE, FL 32235 City-St-Zip: ST. JOHNS, FL 32259

Title: VPD () Delete Title: VPD (X) Change () Addition Name: CURBELO, KAREN Name: CURBELO, KAREN

 Address:
 P.O. BOX 350194
 Address:
 12018 GRAND LAKES DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32235
 City-St-Zip:
 JACKSONVILLE, FL 32258

Title: D () Delete Title: D (X) Change () Addition

 Name:
 SCIULLO, MARK V
 Name:
 SCIULLO, MARK V

 Address:
 P.O. BOX 350194
 Address:
 1279 DEGROVE ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32235
 City-St-Zip:
 ST JOHNS, FL 32259

Title: D () Delete Title: D (X) Change () Addition

 Name:
 CURBELO, JOSE O
 Name:
 CURBELO, JOSE O

 Address:
 P.O. BOX 350194
 Address:
 12018 GRAND LAKJES DR

 City-St-Zip:
 JACKSONVILLE, FL 32235
 City-St-Zip:
 JACKSONVILLE, FL 32258

Title: SD () Delete Title: () Change () Addition

 Name:
 RAINES, STEFANIE M
 Name:

 Address:
 12226 GLENN HOLLOW DRIVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32226
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 RAINES, TIMOTHY P
 Name:

 Address:
 P.O.BOX 350194
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32235
 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: JODY SCIULLO PD 03/10/2009