

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004869

FILED  
Aug 26, 2010  
Secretary of State

**Entity Name:** HOLLY OAKS ACADEMY, INC.

**Current Principal Place of Business:**

12018 GRAND LAKES DRIVE  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

12226 GLENN HOLLOW DRIVE  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

1279 DEGROVE ROAD  
ST. JOHNS, FL 32259

**New Mailing Address:**

12226 GLENN HOLLOW DRIVE  
JACKSONVILLE, FL 32226

FEI Number: 59-3735928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCIULLO, MARK V  
1279 DEGROVE ROAD  
ST JOHNS, FL 32259 US

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

RAINES, TIMOTHY P  
12226 GLENN HOLLOW DRIVE  
JACKSONVILLE, FL 32226 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: TIMOTHY P. RAINES

08/26/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RAINES, STEFANIE M  
Address: 12226 GLENN HOLLOW DRIVE  
City-St-Zip: JACKSONVILLE, FL 32226

Title: VPD  
Name: DOTY, RHONDA J  
Address: 13985 SOUND OVERLOOK DRIVE N.  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D  
Name: SCIULLO, JODY  
Address: 109 BRIERFIELD DR  
City-St-Zip: MADISON, MS 39110

Title: D  
Name: CURBELO, KAREN  
Address: 12018 GRAND LAKES DR  
City-St-Zip: JACKSONVILLE, FL 32258

Title: SD  
Name: MORENCY, CATHRYN L  
Address: 10719 HIGH RIDGE ROAD  
City-St-Zip: JACKSONVILLE, FL 32225

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

I hereby 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 all other like empowered.

SIGNATURE: STEFANIE M. RAINES

PD

08/26/2010

Electronic Signature of Signing Officer or Director

Date