

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008944

FILED
Jan 24, 2008
Secretary of State

Entity Name: EAGLE ACADEMY FOUNDATION, INC.

Current Principal Place of Business:

134 NW 16TH ST.
SUITE #9
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

134 NW 16TH ST.
SUITE #9
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 30-0300694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESTER, TIM
11396 SHILOH WAY
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

HESTER, TIM
7055 PENINSULA CT.
LAKE WORTH, FL 33467 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:

01/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HESTER, TIM
Address: 11396 SHILOH WAY
City-St-Zip: BOCA RATON, FL 33428

Title: CCTC () Delete
Name: PATTON, JIM
Address: 7540 DUNCREST RD
City-St-Zip: LAKE WORTH, FL 33467

Title: SD () Delete
Name: CORNELIUS, MARY
Address: 5718 PEBBLE BROOK LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: CCD (X) Delete
Name: BELTON, STEVE
Address: 840 AZURE AVE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: HESTER, TIM
Address: 7055 PENINSULA COURT
City-St-Zip: LAKE WORTH, FL 33467

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: TIM HESTER

CD

01/24/2008

Electronic Signature of Signing Officer or Director

Date