

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008944

FILED
Mar 20, 2009
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: 30-0322694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESTER, TIM
7055 PENINSULA CT.
LAKE WORTH, FL 33467 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: CD () Delete
Name: HESTER, TIM
Address: 7055 PENINSULA COURT
City-St-Zip: LAKE WORTH, FL 33467

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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CC (X) Change () Addition
Name: PATTON, JIM
Address: 7540 DUNCREST RD
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TC () Change (X) Addition
Name: PATTON, CAROL
Address: 7540 DUNCREST RD
City-St-Zip: LAKE WORTH, FL 33467

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

03/20/2009

Electronic Signature of Signing Officer or Director

Date