# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 25, 2006**
**Secretary of State**

DOCUMENT# N02000003708

**Entity Name:** ACADEMY AT THE FARM FOUNDATION, INC.

**Current Principal Place of Business:**

33520 LANGE FARM RD.
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

33520 LANGE FARM RD.
DADE CITY, FL 33525

**New Mailing Address:**

**FEI Number: 82-0557830** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

NEWLON, JONATHAN
37947 PASCO AVE.
DADE CITY, FL 33525 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: D ( ) Delete
Name: MCBRIDE, MATT
Address: 4532 W. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33609 US

Title: D ( ) Delete
Name: LEBLANC, SHANE
Address: 39212 PRETTY POND RD.
City-St-Zip: ZEPHYRHILLS, FL 3354 US

Title: D ( ) Delete
Name: SAMTER, JORDAN
Address: 17841 GREEN WILLOW DRIVE
City-St-Zip: TAMPA, FL 33647 US

Title: D ( ) Delete
Name: KIRSCHNER, JEFF
Address: PO BOX 7382
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: D ( ) Delete
Name: WATERS, MIKE
Address: 5109 EPPING LANE
City-St-Zip: ZEPHYRHILLS, FL 33541 US

**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
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 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: JONATHAN NEWLON D 01/25/2006

Electronic Signature of Signing Officer or Director — Date