## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003708

FILED Mar 28, 2007 Secretary of State

Entity Name: ACADEMY AT THE FARM FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

33520 LANGE FARM RD. DADE CITY, FL 33525

**Current Mailing Address: New Mailing Address:** 

33520 LANGE FARM RD. DADE CITY, FL 33525

FEI Number: 82-0557830 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:

NEWLON, JONATHAN WATERS, MICHAEL 37947 PASCO AVE. 5109 EPPING LANE

DADE CITY, FL 33525 ZEPHYRHILLS, FL 33541 US 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: MICHAEL WATERS 03/28/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition MCBRIDE, MATT LANGE, THOMAS N Name: Name:

4532 W. KENNEDY BLVD. Address: 9155 HIGHLAND RIDGE WAY Address:

City-St-Zip: TAMPA, FL 33609 US City-St-Zip: TAMPA, FL 33525

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

Name: LEBLANC, SHANE Name: Address: 39212 PRETTY POND RD. Address: City-St-Zip: ZEPHYRHILLS, FL 3354 US City-St-Zip:

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

SAMTER, JORDAN Name: Name: 17841 GREEN WILLOW DRIVE Address: Address:

City-St-Zip: TAMPA, FL 33647 US City-St-Zip:

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

KIRSCHNER, JEFF Name: Name: Address: PO BOX 7382 Address: City-St-Zip: WESLEY CHAPEL, FL 33544 US City-St-Zip:

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

WATERS, MIKE Name: Name: 5109 EPPING LANE Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33541 US 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: THOMAS N LANGE D 03/28/2007