

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003983

FILED
Mar 04, 2008
Secretary of State

Entity Name: THE CHILES ACADEMY, INC.

Current Principal Place of Business:

1250-A REED CANAL ROAD
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

1250-A REED CANAL ROAD
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 32-0015498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIELS, DOUGLAS A
501 N. GRANDVIEW AVE THIRD FLOOR EAST
DAYTONA BEACH, FL 32118 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: CARD, HAROLD P
Address: 3019 WILLOW OAK DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: D () Delete
Name: HAWK, KATHRYN S
Address: 4445 S. ATLANTIC AVENUE #603
City-St-Zip: PONCE INLET, FL 32127

Title: D () Delete
Name: THORPE, ANDREA J DR.
Address: 930 N. LAKEWOOD TERRACE
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: HILLS, RICHARD L REV.
Address: 5735 STEWART AVENUE
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: ENCK, CARRIE S MS.
Address: 1429 SUNLAND ROAD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: GROENENBERG, CHRISTINA MS.
Address: 1880 CREEKWATER BLVD.
City-St-Zip: PORT ORANGE, FL 32128

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:

Title: D (X) Change () Addition
Name: STAUFFER, DANIEL MR.
Address: 646 MOSQUERO AVENUE
City-St-Zip: DELTONA, FL 32738

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: HAROLD P. CARD

D

03/04/2008

Electronic Signature of Signing Officer or Director

Date