

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005127

**FILED**  
**Jun 01, 2004**  
**Secretary of State****Entity Name:** WYVREN ACADEMY, INC.**Current Principal Place of Business:**1916 CIRCLE DR.  
JUNO, FL, FL 33408**New Principal Place of Business:****Current Mailing Address:**1916 CIRCLE DR.  
JUNO, FL, FL 33408**New Mailing Address:****FEI Number:** 03-0468630**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CONKLIN, ELIZABETH D  
1916 CIRCLE DR  
JUNO, FL 33408**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:** CONKLIN, ELIZABETH D  
**Address:** 1916 CIRCLE DR.  
**City-St-Zip:** JUNO, FL 33408**Title:** D ( ) Delete  
**Name:** CONKLIN, MARK D  
**Address:** 1916 CIRCLE DR.  
**City-St-Zip:** JUNO, FL 33408**Title:** D ( ) Delete  
**Name:** DEBIGARE, THERESA M  
**Address:** 104 E. 22ND CT.  
**City-St-Zip:** RIVIERA BEACH, FL 33404**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:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELIZABETH DEBIGARE CONKLIN

D

06/01/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date