

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006185

FILED
Mar 16, 2009
Secretary of State

Entity Name: SCHOOL OF ACADEMICS, INC.

Current Principal Place of Business:

8173 IMPERIAL DRIVE
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

8173 IMPERIAL DRIVE
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 11-3648689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, CONNIE L
8173 IMPERIAL DRIVE
PENSACOLA, FL 32506 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: WILLIAMS, CONNIE L
Address: 8173 IMPERIAL DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: WILLIAMS, STEVE E
Address: 8173 IMPERIAL DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: BLOODWORTH, SANDRA P
Address: 9421 DARLENE CIRCLE
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: WOOD, MARCIA J
Address: 7341 SACHEM ROAD
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: KESSLER, DONNA
Address: 1455 EL RITO DRIVE
City-St-Zip: GULF BREEZE, FL 32563

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 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: CONNIE L. WILLIAMS

MRS.

03/16/2009

Electronic Signature of Signing Officer or Director

Date