

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009850

FILED
Jan 09, 2006
Secretary of State

Entity Name: MCKEEL ELEMENTARY ACADEMY, INC.

Current Principal Place of Business:

411 N. FLORIDA AVENUE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

1810 W PARKER STREET
LAKELAND, FL 33815

New Mailing Address:

FEI Number: 14-1865029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAREADY, HAROLD
1810 W PARKER STREET
LAKELAND, FL 33815 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: TP () Delete
Name: MAREADY, HAROLD
Address: 1810 W PARKER STREET
City-St-Zip: LAKELAND, FL 33815

Title: TC () Delete
Name: MCKEEL, SETH
Address: 2000 EDGEWOOD DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: ST () Delete
Name: WEST, DEBI
Address: 1810 W PARKER STREET
City-St-Zip: LAKELAND, FL 33815

Title: D () Delete
Name: JACKSON, CAROLYN
Address: 1810 W PARKER STREET
City-St-Zip: LAKELAND, FL 33815

Title: D () Delete
Name: MCKEEL, SETH
Address: 2000 EDGEWOOD DR, #214
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: SMALL, JOHN
Address: 6723 WOODSIDE CT
City-St-Zip: LAKELAND, FL 33813

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: () 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: DEBI WEST

ST

01/09/2006

Electronic Signature of Signing Officer or Director

Date