

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 18, 2004
Secretary of State**

DOCUMENT# N03000000052

Entity Name: BRANDONWILL ACADEMIC & LIFE CHRISTIAN COUNSELING SERVICES INC.

Current Principal Place of Business:

1644 NW 18TH STREET
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

1644 NW 18TH STREET
OCALA, FL 34475

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKILL DAY CENTER, INC.
1644 NW 18TH STREET
OCALA, FL 34475

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: CEO () Delete
Name: YOPP, CECELIA A
Address: 1644 NW 18TH STREET
City-St-Zip: Ocala, FL 34475

Title: D () Delete
Name: JONES, CALVIN
Address: 2387 W. HWY 316
City-St-Zip: CITRA, FL 32113

Title: D () Delete
Name: JONES, CATHERINE L
Address: 2387 W. HWY 316
City-St-Zip: CITRA, FL 32113

Title: D () Delete
Name: JONES, JANET
Address: 2009 SW 7TH STREET
City-St-Zip: Ocala, FL 34474

Title: D () Delete
Name: WIGGINS, DWAYNE V JR.
Address: 1010 E. DIXIE AVE.
City-St-Zip: LEESBURG, FL 34748

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 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: CECELIA A. YOPP

CEO

08/18/2004

Electronic Signature of Signing Officer or Director

Date