

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000052

FILED  
Feb 15, 2006  
Secretary of State

**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:**

1700 NW 17TH AVE  
OCALA, FL 34475

**Current Mailing Address:**

1644 NW 18TH STREET  
OCALA, FL 34475

**New Mailing Address:**

PO BOX 5625  
OCALA, FL 34478

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

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SKILL DAY CENTER, INC.  
1700 NW 17TH AVE  
OCALA, FL 34475    US

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: \_\_\_\_\_

02/15/2006

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: CEO                      (X) Change ( ) Addition  
Name: YOPP, CECELIA A  
Address: 1700 NW 17TH AVENUE  
City-St-Zip: Ocala, FL 34475

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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: CECELIA A YOPP

CEO

02/15/2006

Electronic Signature of Signing Officer or Director

Date