

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000052

FILED
Mar 02, 2010
Secretary of State

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

Current Principal Place of Business:

1700 NW 17TH AVE
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

PO BOX 5625
OCALA, FL 34478

New Mailing Address:

FEI Number: 81-0600250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKILL DAY CENTER, INC.
1700 NW 17TH AVE
OCALA, FL 34475 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
Name: YOPP, CECELIA A DR.
Address: 1700 NW 17TH AVENUE
City-St-Zip: OCALA, FL 34475

Title: BM
Name: JONES, CALVIN DR.
Address: 2387 W. HWY 316
City-St-Zip: CITRA, FL 32113

Title: BM
Name: JONES, CATHERINE L DR.
Address: 2387 W. HWY 316
City-St-Zip: CITRA, FL 32113

Title: BM
Name: JONES, JANET MRS.
Address: 2009 SW 7TH STREET
City-St-Zip: OCALA, FL 34474

Title: BM
Name: WIGGINS, JR., DWAYNE V
Address: 2218 WHARTON STREET
City-St-Zip: PHILADELPHIA, PA 19146

Title: BM
Name: JONES, CALVIS A MS.ED.L
Address: 19670 SW EAGLEL DRIVE
City-St-Zip: DUNNELLON, FL 34431

I hereby 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 all other like empowered.

SIGNATURE: CECELIA A YOPP

D

03/02/2010

Electronic Signature of Signing Officer or Director

Date