2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2012
Secretary of State

DOCUMENT# N03000000617

Entity Name: WOODLAWN COMMUNITY ACADEMY, INC.

Current Principal Place of Business:

845 WOODLAWN STREET
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

845 WOODLAWN STREET
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 14-1873843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVELACE, WILLIAM K ESQ.
401 S. LINCOLN AVENUE
CLEARWATER, FL 33756 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: MS.
Name: HILL, LAURIE
Address: 845 WOODLAWN STREET
City-St-Zip: CLEARWATER, FL 33756

Title: D
Name: ROSS, ROGER
Address: 845 WOODLAWN STREET
City-St-Zip: CLEARWATER, FL 33756

Title: D
Name: WHITTINGHAM, ZERICA
Address: 845 WOODLAWN STREET
City-St-Zip: CLEARWATER, FL 33756

Title: D
Name: WOLF, BILL
Address: 845 WOODLAWN STREET
City-St-Zip: CLEARWATER, FL 33756

Title: ADMI
Name: TOLLEFSON, CHARLOTTE
Address: 845 WOODLAWN STREET
City-St-Zip: CLEARWATER, FL 33756

Title: D
Name: BENNION, BETH
Address: 845 WOODLAWN STREET
City-St-Zip: CLEARWATER, FL 33756 US

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: CHARLOTTE TOLLEFSON ADM. 02/03/2012
Electronic Signature of Signing Officer or Director Date