

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000773

FILED
May 09, 2004
Secretary of State

Entity Name: ALPHA SIGMA ACADEMY, INCORPORATED

Current Principal Place of Business:

7860 SOUTHSIDE BLVD
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

8300 PLAZA GATE LANE
#1171
JACKSONVILLE, FL 32217 US

Current Mailing Address:

8300 PLAZA GATE LANE
#1171
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 68-0540403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPEAGLE, MADELYN M
8300 PLAZA GATE LANE
#1171
JACKSONVILLE, FL 32217 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: SPEAGLE, MADELYN M
Address: 8300 PLAZA GATE LANE #1171
City-St-Zip: JACKSONVILLE, FL 32217 US

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: MADELYN SPEAGLE

PRES

05/09/2004

Electronic Signature of Signing Officer or Director

Date