

# 007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90038 002 \*\*\*\*61.75

DOCUMENT # N03000001497

1. Entity Name  
WESTERN ACADEMY, INC.



Principal Place of Business  
500F-K ROYAL PLAZA ROAD  
ROYAL PALM BEACH, FL 33411

Mailing Address  
500F-K ROYAL PLAZA ROAD  
ROYAL PALM BEACH, FL 33411

60006599



01182007 Chg-NP CR2E037 (12/06)

4. FEI Number  
56-2316078

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

TERRANOVA, LINDA P  
13882 COLUMBINE AVENUE  
WELLINGTON, FL, FL 33414

Name

Street Address

(Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRES  
NAME SUFLAS-NOBLE, BARBARA  
STREET ADDRESS PO BOX 211195  
CITY-ST-ZIP WEST PALM BEACH, FL 33421 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME SALISBURY, CRAIG  
STREET ADDRESS 1691 WOODBRIDGE LAKES CIRCLE  
CITY-ST-ZIP WEST PALM BEACH, FL 33406 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TREA  
NAME CUMMINGS, PETER  
STREET ADDRESS 17885 133RD WAY  
CITY-ST-ZIP JUPITER, FL 33478 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DBM  
NAME LEHMAN, INA  
STREET ADDRESS 158 FERNWOOD CRESENT  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DBM  
NAME WUNDERLICH, STEPHANIE  
STREET ADDRESS 1834 BRAMPTON COVE  
CITY-ST-ZIP WELLINGTON, FL 33414 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME MCDOUGAL, MARY  
STREET ADDRESS 6358 HALL BLVD.  
CITY-ST-ZIP PAHOKEE, FL 33476 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/07  
Date

Daytime Phone #