

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001497

Entity Name: WESTERN ACADEMY, INC.

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 56-2316078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SUFLAS-NOBLE, BARBARA
Address: PO BOX 211195
City-St-Zip: WEST PALM BEACH, FL 33421

Title: VP () Delete
Name: SALISBURY, CRAIG
Address: 8717 ESTATE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: TREA () Delete
Name: CUMMINGS, PETER
Address: 17885 133RD WAY
City-St-Zip: JUPITER, FL 33478

Title: DBM () Delete
Name: WUNDERLICH, STEPHANIE
Address: 1384 BRAMPTON COVE
City-St-Zip: WELLINGTON, FL 33414

Title: S () Delete
Name: MCDUGAL, MARY
Address: 6358 HALL BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DBM (X) Change () Addition
Name: BELOHLAVEK, LANNA
Address: 6557 KATHERINE COURT
City-St-Zip: WEST PALM BEACH, FL 33413

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

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA SUFLAS-NOBLE

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date