

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 02, 2008
Secretary of State**

DOCUMENT# N03000003590

Entity Name: THE MASTER'S ACADEMY OF NW FLORIDA, INC.

Current Principal Place of Business:

2814 MCPHERSON STREET
MARIANNA, FL 32448

New Principal Place of Business:

2814 MCPHERSON STREET
MARIANNA, FL 32448 US

Current Mailing Address:

2814 MCPHERSON STREET
P.O. BOX 6302
MARIANNA, FL 32447 US

New Mailing Address:

2814 MCPHERSON STREET
P.O. BOX 6302
MARIANNA, FL 32447 US

FEI Number: 16-1662912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WOODEN, JAMES E JR.
4537 DECATUR STREET
MARIANNA, FL 32446 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: CEO () Delete
Name: WOODEN, ANNA L
Address: 4537 DECATUR ST
City-St-Zip: MARIANNA, FL 32446

Title: CFO () Delete
Name: WOODEN, JAMES E JR
Address: 4537 DECATUR ST
City-St-Zip: MARIANNA, FL 32446

Title: SEC () Delete
Name: GONZALEZ, CARMEN
Address: 3034 JEFFERSON STREET
City-St-Zip: MARIANNA, FL 32446

Title: MEMB () Delete
Name: BEILER, MARK
Address: 1850 BEILER ROAD
City-St-Zip: GRAND RIDGE, FL 32442

Title: MEMB () Delete
Name: BEILER, BARBARA
Address: 1850 BEILER ROAD
City-St-Zip: GRAND RIDGE, FL 32442

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

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: ANNA L. WOODEN

CEO

05/02/2008

Electronic Signature of Signing Officer or Director

_____ Date