

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004989

FILED
Mar 20, 2009
Secretary of State

Entity Name: ACADEMY FOR POSITIVE LEARNING, INC.

Current Principal Place of Business:

128 NORTH C STREET
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

128 NORTH C STREET
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 65-1195549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAHLE, CRAIG CPA
1501 PRESIDENTIAL WAY STE 16
WEST PALM BEACH, FL 33401 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: P () Delete
Name: CRUZ-RIOS, NORMA
Address: 211 SEMINOLE LAKES DRIVE
City-St-Zip: ROYAL PALM BCH, FL 33411 US

Title: D () Delete
Name: PARROTA, DENISE
Address: 1200 N. FEDERAL HWY SUITE 305
City-St-Zip: BOCA RATON, FL 33432 US

Title: D () Delete
Name: MAGLOIRE, PETERSON
Address: 7600 GREENVILLE CIRCLE
City-St-Zip: LAKE WORTH, FL 33467 US

Title: D () Delete
Name: BEINAVIDEZ, CYNTHIA
Address: 2924 FRENCH AVE
City-St-Zip: LAKE WORTH, FL 33461 US

Title: T () Delete
Name: NIEVES, ANGELA
Address: 3070 CONGRESS PARK DRIVE #832
City-St-Zip: LAKE WORTH, FL 33461 US

Title: D (X) Delete
Name: SCHLAGS, MARK
Address: 14325 ALTOCEDRO DRIVE
City-St-Zip: DELRAY BEACH, FL 33484 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRUZ, NORMA
Address: 211 SEMINOLE LAKES DRIVE
City-St-Zip: ROYAL PALM BCH, FL 33411 US

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: D (X) Change () Addition
Name: SCHLAGS, MARK
Address: 14325 ALTOCEDRO DRIVE
City-St-Zip: DELRAY BEACH, FL 33484 US

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: NORMA CRUZ

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date