

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000978

FILED
Feb 08, 2005
Secretary of State

Entity Name: NEW VISION CHILD ACADEMY, INC.

Current Principal Place of Business:

13602 LA MIRADA CIRCLE
WELLINGTON, FL 33414

New Principal Place of Business:

1771 BANYAN CREEK CIRCLE NORTH
BOYNTON BEACH, FL 33436

Current Mailing Address:

13602 LA MIRADA CIRCLE
WELLINGTON, FL 33414

New Mailing Address:

1771 BANYAN CREEK CIRCLE NORTH
BOYNTON BEACH, FL 33436

FEI Number: 65-1225238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOLAN, DEBRA W
13602 LA MIRADA CIRCLE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

MACDONALD, RHONDA L
1771 BANYAN CREEK CIRCLE NORTH
BOYNTON BEACH, FL 33436 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: RHONDA L MACDONALD

02/08/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOLAN, DEBRA W
Address: 13602 LA MIRADA CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: FAIRBANKS, SHAREN M
Address: 241 WOODLAND ROAD
City-St-Zip: PALM SPRINGS, FL 33461

Title: D () Delete
Name: RANCK, MYRA J
Address: 317 SWAIN BLVD.
City-St-Zip: GREENACRES, FL 33463

Title: D () Delete
Name: ECHELBERGER, CLAUDIA B
Address: 909 LAKE SHORE DRIVE #212
City-St-Zip: LAKE PARK, FL 33403

Title: D () Delete
Name: HAYDEN, JOANNE
Address: 13770 CHATSWORTH VILLAGE DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Delete
Name: ALEXANDER, LISA S
Address: 13048 OLD CLYDESDALE CIRCLE
City-St-Zip: WELLINGTON, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MACDONALD, RHONDA L
Address: 1771 BANYAN CREEK CIRCLE NORTH
City-St-Zip: BOYNTON BEACH, FL 33436

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 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: RHONDA L MACDONALD

MRS.

02/08/2005

Electronic Signature of Signing Officer or Director

Date