

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# N04000001159

Entity Name: HAINES CITY LITERACY LEARNING ACADEMY, INC.

Current Principal Place of Business:

2800 HORNET DR
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

2800 HORNET DR
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 02-0718033 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HALLOCK, DAVID D JR
ONE LAKE MORTON DR
LAKELAND, FL 33801 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: D () Delete
Name: BROADAWAY, THOMAS F
Address: 24 NOTTINGHAM WAY
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: RYDER, ALFRED F III
Address: 101 WOODLAND DR
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: BRYANT, TRACY N
Address: 100 LEM CARNES RD
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: JOHNSON, ERSLEY JR
Address: 1010 BATES RD
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: MALAVE, MYRNA
Address: P.O. BOX 450566
City-St-Zip: KISSIMMEE, FL 34745

Title: D () Delete
Name: PILKINGTON, LINDA
Address: 2800 HORNET DR
City-St-Zip: HAINES CITY, FL 33844

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:

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: DEBORAH ELMORE

DIR.

01/25/2005

Electronic Signature of Signing Officer or Director

_____ Date