2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2006
Secretary of State

DOCUMENT# N04000003705

Entity Name: PROVIDENCE ACADEMY, INC.

Current Principal Place of Business:

630 S. MAITLAND AVE.
MIATLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

630 S. MAITLAND AVE.
MIATLAND, FL 32751

New Mailing Address:

FEI Number: 73-1700973 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TCHIVIDJIAN, BASYLE J
145 E. RICH AVE.
DELAND, FL 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: LACEY, MATTHEW
Address: 900 ADIOS AVE.
City-St-Zip: MAITLAND, FL 327515766

Title: D ( ) Delete
Name: LACEY, LYN
Address: 900 ADIOS AVE.
City-St-Zip: MAITLAND, FL 327515766

Title: D ( ) Delete
Name: TCHIVIDJIAN, BASYLE J
Address: P. O. BOX 48
City-St-Zip: DELAND, FL 32721

Title: D ( ) Delete
Name: BROWN, STEVE
Address: 1231 REFORMATION DR.
City-St-Zip: OVIEDO, FL 32751

Title: D ( ) Delete
Name: KELLER, JIM
Address: 2714 REW CIR.
City-St-Zip: OCOEE, FL 34761

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 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: MATT LACEY D 04/08/2006

Electronic Signature of Signing Officer or Director — Date