# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 22, 2007 8:00 am**
**Secretary of State**
03-22-2007 90012 034 ****61.25

DOCUMENT # N04000003705

1. Entity Name
PROVIDENCE ACADEMY, INC.

Principal Place of Business
630 S. MAITLAND AVE.
MIATLAND, FL 32751

Mailing Address
630 S. MAITLAND AVE.
MIATLAND, FL 32751

03082007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
|---|---|---|---|
| 1525 S. Alafaya Trail | | 1525 S. Alafaya Trail | |
| Suite, Apt. #, etc. Suite 102 | | Suite, Apt. #, etc. Suite 102 | |
| City & State Orlando FL | | City & State Orlando, FL | |
| Zip 32828 | Country USA | Zip 32828 | Country USA |

4. FEI Number 73-1700973 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**
Tchividian, Basyle J
145 E. Rich Ave
Deland, FL

**7. Name and Address of New Registered Agent**
Name: Corporate Creations Network, Inc.
Street Address (P.O. Box Number is Not Acceptable): 11380 Prosperity Farms Rd. #221 E
City: Palm Beach Gardens FL Zip Code: 33410

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Alicia Braccia as attorney in fact. 3/14/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when applicable) DATE
by permission of Frank Cammarata - Corporate Creations

**Filing Fee is $61.25**
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE | D ☐ Delete | TITLE | D ☒ Change ☐ Addition |
| NAME | LACEY, MATTHEW | NAME | Alicia Braccia |
| STREET ADDRESS | 900 ADIOS AVE. | STREET ADDRESS | 986 Cherry Branch Ct |
| CITY-ST-ZIP | MAITLAND, FL 327515766 | CITY-ST-ZIP | Heathrow, FL 32746 |
| TITLE | D ☐ Delete | TITLE | D ☒ Change ☐ Addition |
| NAME | LACEY, LYN | NAME | Polly Bath |
| STREET ADDRESS | 900 ADIOS AVE. | STREET ADDRESS | 13803 Blue Lagoon Way |
| CITY-ST-ZIP | MAITLAND, FL 327515766 | CITY-ST-ZIP | Orlando, FL 32828 |
| TITLE | D ☐ Delete | TITLE | D ☒ Change ☐ Addition |
| NAME | TCHIVIDJIAN, BASYLE J | NAME | Paul Flesh |
| STREET ADDRESS | P. O. BOX 48 | STREET ADDRESS | 2266 Three Rivas Dr. |
| CITY-ST-ZIP | DELAND, FL 32721 | CITY-ST-ZIP | Orlando, FL 32828 |
| TITLE | D ☐ Delete | TITLE | D ☒ Change ☐ Addition |
| NAME | BROWN, STEVE | NAME | Donna Kirk Pelham |
| STREET ADDRESS | 1231 REFORMATION DR. | STREET ADDRESS | 136 Fairway Pointe Cr. |
| CITY-ST-ZIP | OVIEDO, FL 32751 | CITY-ST-ZIP | Orlando, FL 32828 |
| TITLE | D ☐ Delete | TITLE | D ☒ Change ☐ Addition |
| NAME | KELLER, JIM | NAME | Dr. Linda Azwell, O.D. |
| STREET ADDRESS | 2714 REW CIR. | STREET ADDRESS | 14155 Popcorn Tree Ct. |
| CITY-ST-ZIP | OCOEE, FL 34761 | CITY-ST-ZIP | Orlando, FL 32828 |
| TITLE | ☐ Delete | TITLE | D ☒ Change ☐ Addition |
| NAME | | NAME | Lyn Lacey |
| STREET ADDRESS | | STREET ADDRESS | 535 Persimmon La. |
| CITY-ST-ZIP | | CITY-ST-ZIP | Roswell, GA 30076 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Alicia Braccia 3/8/07 407-382-5551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #