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	Mailing Address
630 S. MAITLAND AVE. MIATLAND, FL 32751	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	7. Name and Address of New Registered Agent
Tchividian, Basyle J 145 Erica Ave Deland, FL	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 changing) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LACEY, MATTHEW 900 ADIOS AVE. MAITLAND, FL 327515766	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Alicia Braccia 986 Cherry Branch Ct Heathrow, FL 32746	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LACEY, LYN 900 ADIOS AVE. MAITLAND, FL 327515766	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Polly Bath 13803 Blue Lagoon Way Orlando, FL 32828	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TCHIVIDJIAN, BASYLE J P. O. BOX 48 DELAND, FL 32721	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Paul Flesh, 2266 Three Rivas Dr. Orlando, FL 32828	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, STEVE 1231 REFORMATION DR. OVIEDO, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Donna Kirk Pelham 136 Fairway Pointe Cr. Orlando, FL 32828	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLER, JIM 2714 REW CIR. OCOEE, FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dr. Linda Azwell, O.D. 14155 Popcorn Tree Ct. Orlando, FL 32828	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lyn Lacey 535 Persimmon La. Roswell, GA 30076	☒ Change ☐ Addition

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 #