2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003705

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

Entity Name: PROVIDENCE ACADEMY, INC.

FILED Apr 15, 2008 Secretary of State

Current P	rincipal Place	New Princ	New Principal Place of Business:				
STE 102	AFAYA TRAIL 9, FL 32828						
Current Mailing Address:			New Maili	New Mailing Address:			
STE 102	AFAYA TRAIL 9, FL 32828						
FEI Number: 73-1700973 FEI Number Applied For () FEI Nu			l Number Not Appl	icable ()	Certifica	ate of Status Desired ()	
Name and	Address of C	Name and	Name and Address of New Registered Agent:				
BRACCIA, ALICIA CENTER FOR HEALTH, LEARNING & ACHIEVEMENT 1525 SOUTH ALAFAYA TRAIL, SUITE 101 ORLANDO, FL 32828 US							
The above in the State		ubmits this statement for the purpo	se of changing i	ts registere	d office or r	registered agent, or both,	
SIGNATUR	RE:						
	Electroni				Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () LACEY, MATTHE 900 ADIOS AVE MAITLAND, FL		Title: Name: Address: City-St-Zip:	D BRACCIA, A 986 CHERR HEATHROW	Y BRANCH C	•	
Title: Name: Address: City-St-Zip:	D () LACEY, LYN 900 ADIOS AVE MAITLAND, FL		Title: Name: Address: City-St-Zip:	D NAWROCKI 305 E. CRIS SANFORD,	STAL DR	() Addition	
Title: Name: Address: City-St-Zip:	D () TCHIVIDJIAN, B. P. O. BOX 48 DELAND, FL 32		Title: Name: Address: City-St-Zip:	D LINDA, AZW 14155 POP ORLANDO,	CORN TREE	•	
Title: Name: Address: City-St-Zip:	D () BROWN, STEVE 1231 REFORMA OVIEDO, FL 32	ATION DR.	Title: Name: Address: City-St-Zip:	D MEJIA, JULI 1414 OSCE ORLANDO,	OLA CT	() Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: ALICIA BRACCIA D 04/15/2008

() Delete

() Delete

KELLER, JIM

2714 REW CIR.

OCOEE, FL 34761

(X) Change () Addition

() Change (X) Addition

LOVEGREEN, VALERIE

14661 LONE EAGLE DR

PASQUINELLI. DOROTHY

2037 DOWN WOODS LA. WINDERMERE, FL 34786

ORLANDO, FL 32837