

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003705

FILED
Mar 27, 2009
Secretary of State

Entity Name: PROVIDENCE ACADEMY, INC.

Current Principal Place of Business:

7605 CONROY
WINDERMERE, FL 32835

New Principal Place of Business:

Current Mailing Address:

1525 SOUTH ALAFAYA TRAIL, STE 102
ORLANDO, FL 32828

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:

BRACCIA, ALICIA
CENTER FOR HEALTH, LEARNING & ACHIEVEMENT
1525 SOUTH ALAFAYA TRAIL, SUITE 101
ORLANDO, FL 32828 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: BRACCIA, ALICIA
Address: 986 CHERRY BRANCH CT
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: NAWROCKI, CYNTHIA
Address: 305 E. CRISTAL DR
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: LINDA, AZWELL
Address: 14155 POPCORN TREE CT.
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: MEJIA, JULIE
Address: 1414 OSCEOLA CT
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: LOVEGREEN, VALERIE
Address: 14661 LONE EAGLE DR
City-St-Zip: ORLANDO, FL 32837

Title: D () Delete
Name: PASQUINELLI, DOROTHY
Address: 2037 DOWN WOODS LA.
City-St-Zip: WINDERMERE, FL 34786

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: D (X) Change () Addition
Name: TOM, DELGROSSO
Address: 8910 CONROY-WINDERMERE ROAD
City-St-Zip: ORLANDO, FL 32835

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.

SIGNATURE: CYNTHIA NAWROCKI

D

03/27/2009

Electronic Signature of Signing Officer or Director

Date