

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003897

FILED
May 01, 2005
Secretary of State

Entity Name: MAUDLYN PSYCHOLOGICAL AND ACHIEVEMENT CENTER, INCORPORATED

Current Principal Place of Business:

13018 VIBURNUM DR. NORTH
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

13018 VIBURNUM DR. NORTH
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH WALLS, LYNDA ELOISE
13018 VIBURNUM DR. NORTH
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

WALLS, LYNDA ELOISE SMITH
13018 VIBURNUM DR. NORTH
JACKSONVILLE, FL 32246 US

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: LYNDA ELOISE SMITH WALLS

05/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH WALLS, LYNDA ELOISE
Address: 13018 VIBURNUM DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: VPD () Delete
Name: GIRVEN-EDWARDS, BRENDA
Address: 2962 FITZGERALD STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: SD () Delete
Name: WALLS, J'L'LYNDA M
Address: 13018 VIBURNUM DR. NORTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD () Delete
Name: PITTMAN MINLEY, NAOMI
Address: POST OFFICE BOX 717 TUSKEGEE INSTITUTE
City-St-Zip: TUSKEGEE, AL 36083

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LYNDA ELOISE SMITH WALLS

PD

05/01/2005

Electronic Signature of Signing Officer or Director

Date