


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

9/6/2007-90010-047-\$70.00-\$70.00

FILED

07 OCT -5 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000004835			
1. Entity Name GUIDED PATH ACADEMY, INC.			
Principal Place of Business A.G. HOLLEY COMPLEX - BLDG. 3 1199 W. LANTANA ROAD LANTANA, FL 33462		Mailing Address A.G. HOLLEY COMPLEX - BLDG. 3 1199 W. LANTANA ROAD LANTANA, FL 33462	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		4. FEI Number 20-0855340	
		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FORDHAM, TIMOTHY 2020 NW 2ND STREET BOYNTON BEACH, FL 33435		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P FORDHAM, TIMOTHY - <i>President</i> 2020 NW 2ND STREET BOYNTON BEACH, FL 33438	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>8/10/07</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAVAGE, PAUL - <i>Asst Pres</i> 1302 WEST INDIES WAY LANTANA, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, JAMES JR - <i>Treasurer</i> 111 NE 17TH COURT BOYNTON BEACH, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR STEEDLEY, ROBERT L - <i>Member</i> 213 N. BROADWAY LANTANA, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR COOK, RASHIMA - <i>Secretary</i> 257 NE 6TH AVE BOYNTON BEACH, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Evelyn Francis 4065 Kivory DR Lake Worth, FL 33462</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: _____		8/30/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		<small>Daytime Phone #</small>	