

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004835

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: GUIDED PATH ACADEMY, INC.

**Current Principal Place of Business:**

A.G. HOLLEY COMPLEX - BLDG. 3  
1199 W. LANTANA ROAD  
LANTANA, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

A.G. HOLLEY COMPLEX - BLDG. 3  
1199 W. LANTANA ROAD  
LANTANA, FL 33462

**New Mailing Address:**

FEI Number: 20-0855340      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FORDHAM, TIMOTHY  
2020 NW 2ND STREET  
BOYNTON BEACH, FL 33435      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: P ( ) Delete  
Name: FORDHAM, TIMOTHY  
Address: 2020 NW 2ND STREET  
City-St-Zip: BOYNTON BEACH, FL 33438

Title: VAP ( ) Delete  
Name: SAVAGE, PAUL  
Address: 1302 WEST INDIES WAY  
City-St-Zip: LANTANA, FL 33462

Title: T ( ) Delete  
Name: WHITE, JAMES JR  
Address: 111 NE 17TH COURT  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: TRM ( ) Delete  
Name: STEEDLEY, ROBERT L  
Address: 213 N. BROADWAY  
City-St-Zip: LANTANA,, FL 33462

Title: TRS ( ) Delete  
Name: COOK, RASHIMA  
Address: 257 NE 6TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33435

**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:

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: TIMOTHY FORDHAM

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date