

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007226

FILED
Jan 13, 2009
Secretary of State

Entity Name: OUR CHILDREN'S ACADEMY, INC.

Current Principal Place of Business:

555 BURNS AVE
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

555 BURNS AVE
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 20-4976804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICESARE, PAT
5610 FLORIDA AVE S
LAKELAND, FL 33813 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: TS () Delete
Name: FRANZ, STEPHANIE
Address: 3899 CLEVELAND HEIGHTS BLVD
City-St-Zip: LAKELAND, FL 33813

Title: T,T () Delete
Name: COSTELLO, DIANE
Address: 711 HERITAGE DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: C () Delete
Name: BENTLEY, SUE
Address: 3 CASA LOMA WAY
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: COSTELLO, DIANE
Address: 711 HERITAGE DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: T (X) Change () Addition
Name: BRETT, BARNHARDT
Address: 1101 1ST STREET S
City-St-Zip: WINTER HAVEN, FL 33880

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: SHARON COMKOWYCZ

D

01/13/2009

Electronic Signature of Signing Officer or Director

Date