


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000010572		
1. Entity Name DR. CYCLYN R. SMITH-MOBLEY ACADEMY, INC.		

Principal Place of Business 2223 ATLANTIC BLVD JACKSONVILLE, FL 32207	Mailing Address 2223 ATLANTIC BLVD JACKSONVILLE, FL 32207
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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

6. Name and Address of Current Registered Agent	
SMITH-MOBLEY, CYCLYN R 2223 ATLANTIC BLVD JACKSONVILLE, FL 32207	

FILED
07 APR -4 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32310
04/04/07--01025-FLORIDA-421.25

04042007 Chg-NP CR2E037 (12/06)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH-MOBLEY, CYCLYN R	NAME	
STREET ADDRESS	12739 SERENADE CIRCLE NORTH	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	CITY-ST-ZIP	
TITLE	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRACHAN, IDELL A	NAME	
STREET ADDRESS	12739 SERENADE CIRCLE NORTH	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	CITY-ST-ZIP	
TITLE	TD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES, CLOTILDA S	NAME	
STREET ADDRESS	2162 YULEE STREET	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	CITY-ST-ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, SHANNON	NAME	
STREET ADDRESS	12739 SERENADE CIRCLE NORTH	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 report 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: Cyclyn R. Smith-Mobley 4/4/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #