# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# N06000010572

**Entity Name:** DR. CYCLYN R. SMITH-MOBLEY ACADEMY, INC.

**Current Principal Place of Business:**

2223 ATLANTIC BLVD
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

2223 ATLANTIC BLVD
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number: 20-5826228** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SMITH-MOBLEY, CYCLYN R
2223 ATLANTIC BLVD
JACKSONVILLE, FL 32207 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: SMITH-MOBLEY, CYCLYN R
Address: 12739 SERENADE CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP ( ) Delete
Name: STRACHAN, IDELL A
Address: 12739 SERENADE CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD ( ) Delete
Name: CHARLES, CLOTILDA S
Address: 2162 YULEE STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: SD ( ) Delete
Name: CLARKE, SHANNON
Address: 12739 SERENADE CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32225

**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 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: IDELL A. STRACHAN VT 04/30/2009

Electronic Signature of Signing Officer or Director — Date