2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2010
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
Name: SMITH-MOBLEY, CYCLYN R
Address: 12739 SERENADE CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32225

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: C.R SMITH-MOBLEY P 04/30/2010

Electronic Signature of Signing Officer or Director — Date