2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 23, 2008 8:00 am
Secretary of State
05-12-2008 90117 001 ***245.00

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DOCUMENT # N07000001342

1. Entity Name

"CEPA"-HUMANITARIAN ACADEMIC COLLEGIATE SCHOOL, INC.

Principal Place of Business	Mailing Address
4921 OLD WINTER GARDEN RD. ORLANDO FL 32811	4921 OLD WINTER GARDEN RD. ORLANDO FL 32811

1st MOORE CR2E037 (10/07)

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

4. FEI Number 11-329 2125 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VICKSON, O.M. I 4921 OLD WINTER GARDEN RD. ORLANDO FL 32811	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required if mailed or hand delivered.)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VICKSON, O.M. I 4921 OLD WINTER GARDEN RD. ORLANDO FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Founder Dr. O. M. Vickson 4921 Old Winter Garden Road Orlando, FL 32811	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICKSON, DOLLIE 2215 RAVENALL AVE. ORLANDO FL 32811	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dean Dr. Wanda Smith 1606 Cypress Avenue Orlando, FL 32811	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLAY, LENA 4427 W.D. JUDGE DR. ORLANDO FL 32808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Administrative Dean Dr. Lena Clay 4427 W. Pro Judge Drive Orlando, FL 32808	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Academic Dean Dr. Ken Unick 4949 Malibu Street Orlando, FL 32811	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Program Dean Dr. Titus Hall 4921 Old Winter Garden Road Orlando, FL 32811	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vocational Dean Dr. Rocky Jackson 5847 Rolling Drive Orlando, FL 32809	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: O.M. Vickson Founder 4/24/08 407-296-0245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — City-State Phone #