

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006769

FILED  
Sep 02, 2008  
Secretary of State

Entity Name: FATHER'S H.A.R.B.O.R. ACADEMY, INC.

## Current Principal Place of Business:

15170 REEF DR SOUTH  
JACKSONVILLE, FL 32226

## New Principal Place of Business:

4427 EMERSON STREET  
BUILDING 4  
JACKSONVILLE, FL 32207

## Current Mailing Address:

15170 REEF DR SOUTH  
JACKSONVILLE, FL 32226

## New Mailing Address:

4427 EMERSON STREET  
BUILDING 4  
JACKSONVILLE, FL 32207

FEI Number: 26-0504599      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

AGOSTO, DUBEL  
15170 REEF DR SOUTH  
JACKSONVILLE, FL 32226      US

## Name and Address of New Registered Agent:

AGOSTO, DUBEL T PRESIDE  
15170 REEF DR SOUTH  
JACKSONVILLE, FL 32226      US

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: DUBEL AGOSTO

09/02/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: AGOSTO, DUBEL  
Address: 15170 REEF DR SOUTH  
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP      ( ) Delete  
Name: AGOSTO, JULIO L  
Address: 15170 REEF DR SOUTH  
City-St-Zip: JACKSONVILLE, FL 32226

Title: S      ( ) Delete  
Name: OROZCO, CHARISE  
Address: 15170 REEF DR SOUTH  
City-St-Zip: JACKSONVILLE, FL 32226

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP      (X) Change ( ) Addition  
Name: AGOSTO, JULIO L  
Address: 11442 COURTNEY WATERS LANE  
City-St-Zip: JACKSONVILLE, FL 32258

Title: S      (X) Change ( ) Addition  
Name: OROZCO, CHARISE  
Address: 1010-1 BAISDEN ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: TREA      ( ) Change (X) Addition  
Name: SULLIVAN, GABRIELLE  
Address: 2302 RED MOON DRIVE  
City-St-Zip: JACKSONVILLE, FL 32216

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: DUBEL AGOSTO

PRES

09/02/2008

Electronic Signature of Signing Officer or Director

Date