2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006769

FILED Apr 30, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

4427 EMERSON STREET 4519 BEACH BLVD.
BUILDING 4 BUILDING 4200

JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

4427 EMERSON STREET
4519 BEACH BLVD.
BUILDING 4
BUILDING 4200

JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207

FEI Number: 26-0504599 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: PD

 Name:
 AGOSTO, DUBEL

 Address:
 15170 REEF DR SOUTH

 City-St-Zip:
 JACKSONVILLE, FL 32226

Title: VP

Name: AGOSTO, JULIO L

Address: 11442 COURTNEY WATERS LANE City-St-Zip: JACKSONVILLE, FL 32258

Title: S

Name: OROZCO, CHARISE
Address: 7816 SOUTHSIDE APT. 165
City-St-Zip: JACKSONVILLE, FL 32256

Title: TREA

Name: SULLIVAN, GABRIELLE

Address: 7651 GATE PARKWAY APT. 809 City-St-Zip: JACKSONVILLE, FL 32256

Title: OPER

 Name:
 AGOSTO, JULIO R

 Address:
 15170 REEF DRIVE SOUTH

 City-St-Zip:
 JACKSONVILLE, FL 32226

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: DUBEL AGOSTO PRES 04/30/2011