

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000010596

FILED
Oct 28, 2008
Secretary of State

Entity Name: THE LAKE AREA ACADEMY,INC.

Current Principal Place of Business:

8714 HIGHWAY 21 NORTH
MELROSE, FL 32666

New Principal Place of Business:

Current Mailing Address:

8714 HIGHWAY 21 NORTH
MELROSE, FL 32666

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

DUNCAN, ZOE
8714 HIGHWAY 21 NORTH
MELROSE, FL 32666 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: ZOE DUNCAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DUNCAN, ZOE
Address: 8728 SE 23RD AVENUE
City-St-Zip: STARKE, FL 32091

Title: D,T () Delete
Name: MULLINIX, MICHELE
Address: 14004 NE STATE ROAD 26
City-St-Zip: GAINESVILLE, FL 32641

Title: SD () Delete
Name: WILLIAMS, SANDI
Address: 917S.E. 56TH STREET
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: C () Delete
Name: JUDSON, CYNTHIA
Address: 7161 GASLINE ROAD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: P () Delete
Name: SIMPSON, SUSAN
Address: 150 SW PEACH STREET
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: ZOE DUNCAN

VP

10/28/2008

Electronic Signature of Signing Officer or Director

Date