2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# N07000010596

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

Name and Address of Current Registered Agent:

DUNCAN, ZOE
8714 HIGHWAY 21 NORTH
MELROSE, FL 32666 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:	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:	
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 MRS 04/19/2009
Electronic Signature of Signing Officer or Director — Date