

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003130

FILED
Feb 08, 2009
Secretary of State

Entity Name: BRIGHT SCHOLARS OF ACADEMIA, INC.

Current Principal Place of Business:

800 BROWARD ROAD
M103
JACKSONVILLE, FL 32218

Current Mailing Address:

800 BROWARD ROAD
M103
JACKSONVILLE, FL 32218

New Principal Place of Business:

800 BROWARD ROAD
M103
JACKSONVILLE, FL 32218 US

New Mailing Address:

800 BROWARD ROAD
M103
JACKSONVILLE, FL 32218 US

FEI Number: 26-2295378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMMONS, LISA
800 BROWARD ROAD
M103
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

SIMMONS, LISA L
800 BROWARD ROAD
M103
JACKSONVILLE, FL 32218 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: LISA L. SIMMONS

02/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOSTON, BRIAN
Address: 1531 SOUTH STATE HIGHWAY 121, #3134
City-St-Zip: LEWISVILLE, TX 75067

Title: D () Delete
Name: PAUL, BENITA
Address: 1215 CATHAGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: PITTMAN, GREG
Address: 11750 ALDEN ROAD, #1107
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: ROBINSON, JACQUELINE
Address: 647 MORNING MIST WAY
City-St-Zip: ORANGE PARK, FL 32073

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: MCFADDEN, CONNIE
Address: 10733 BOLYARD DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: VCD (X) Change () Addition
Name: PITTMAN, GREG
Address: 311 WEST ASHLEY STREET #1203
City-St-Zip: JACKSONVILLE, FL 32202

Title: SD (X) Change () Addition
Name: KENNEDY, GRACIE
Address: 11028 KEY CORAL DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD (X) Change () Addition
Name: COOKS, JUANITA
Address: 3224 LIBERTY CIRCLE
City-St-Zip: JACKSONVILLE, FL 32206

Title: PD () Change (X) Addition
Name: TAYLOR, STEVE
Address: 9220 WHISPER GLEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32222

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: LISA L. SIMMONS

FD

02/08/2009

Electronic Signature of Signing Officer or Director

Date