

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010482

FILED
Apr 24, 2009
Secretary of State

Entity Name: RUGBY ACADEMY OF AMERICA, INC.

Current Principal Place of Business:

10901 BLUEFIELD RD.
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

10901 BLUEFIELD RD.
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 26-3757579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEVESQUE, MAURICE R
10901 BLUEFIELD RD.
OKEECHOBEE, FL 34972 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: PD () Delete
Name: GRAY, TOM C
Address: 142 NW 117TH AVE.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VD () Delete
Name: LEWIS, MURRAY K
Address: 13301 MAPLE KNOLL WAY, APT. 1511
City-St-Zip: MAPLE GROVE, MN 55369

Title: S () Delete
Name: DOBSON, ALLAN
Address: 9420 84TH ST.
City-St-Zip: VERO BCH, FL 32967

Title: T () Delete
Name: LEVESQUE, MAURICE R
Address: 10901 BLUEFIELD RD.
City-St-Zip: OKEECHOBEE, FL 34972

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: MAURICE R LEVESQUE

T

04/24/2009

Electronic Signature of Signing Officer or Director

Date