

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003590

FILED
Jun 25, 2010
Secretary of State

Entity Name: IMANI ELEMENTARY CHARTER ACADEMY, INC.

Current Principal Place of Business:

2704 REW CIRCLE, SUITE 105F
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

2704 REW CIRCLE, SUITE 105F
OCOE, FL 34761

New Mailing Address:

FEI Number: 26-4612156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COGGINS, PATRICK C DR
2704 REW CIRCLE
OCOE, FL 34761 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
Name: DALY, BARRY DR
Address: 1607 SHONNORA DR.
City-St-Zip: GOTH, FL 34734

Title: VPD
Name: COGGINS, PATRICK DR
Address: 140 SADDLEBROOK WAY
City-St-Zip: DELAND, FL 32712

Title: D
Name: DALY, KEITH DR
Address: 1257 REAGAN'S RESERVE BLVD.
City-St-Zip: APOPKA, FL 32712

Title: S
Name: THOMSON, MELVIONA MRS.
Address: 1195 HEIDI CT.
City-St-Zip: DELAND, FL 32720

Title: TD
Name: WIGGAN, WINSTON PASTOR
Address: 3801 SEA ISLAND CT.
City-St-Zip: ORLANDO, FL 32808

Title: D
Name: DALY, ANNABELLE
Address: 8 STERLING BROWN
City-St-Zip: APOPKA, FL 32703

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: DR PATRICK C. COGGINS

VPD

06/25/2010

Electronic Signature of Signing Officer or Director

Date