

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007285

FILED  
Apr 09, 2012  
Secretary of State

**Entity Name:** FLORIDA HIGH SCHOOL FOR ACCELERATED LEARNING - DUVAL COUNTY CAMPUS, INC.

**Current Principal Place of Business:**

C/O GARY R. WHEELER  
200 W. FORSYTH STREET, SUITE 1700  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

929 MCDUFF AVENUE  
101B  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

C/O DAVID STILES  
3206 S. UNIVERSITY DRIVE  
MIRAMAR, FL 33025

**New Mailing Address:**

929 MCDUFF AVENUE  
101B  
JACKSONVILLE, FL 32205

**FEI Number:** 27-1497551

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHEELER, GARY R  
200 W. FORSYTH STREET  
SUITE 1700  
JACKSONVILLE, FL 32202 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: D  
Name: ARNOLD, BONNIE  
Address: 2017 REED AVENUE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D  
Name: BUSH, JAMICA  
Address: 6884 WEST VIRGINIA AVENUE  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D  
Name: CHESTER, ALBERT  
Address: 3919 MUIRFIELD BOULEVARD E.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D  
Name: MCCRAY, BRANDON T  
Address: 11128 WANDERING OAKS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D  
Name: CEBADA, JACQUELYN  
Address: 4254 MARQUETTE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D  
Name: BEITZ, WILLIAM C  
Address: 8227 ASHWORTH COURT  
City-St-Zip: JACKSONVILLE, FL 32256

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: BONNIE ARNOLD

MS.

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date