

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004711

FILED
Apr 20, 2011
Secretary of State

Entity Name: THE ACADEMY OF ABILITY INC.

Current Principal Place of Business:

6239 OLD WINTER GARDEN ROAD
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

6239 OLD WINTER GARDEN ROAD
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 27-2569715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD SUITE A
TAMPA, FL 33612 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: P
Name: HARRIS, WILLIAM
Address: 2445 ALCLOBE CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: S
Name: COWENS, MEGAN
Address: 4543 WILLAMETTE CIRCLE
City-St-Zip: ORLANDO, FL 32826

Title: T
Name: HARRIS, ANDREA
Address: 2445 ALCLOBE CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: D
Name: BROWN, SIGRID L
Address: 9615 WESTOVER CLUB CIRCLE
City-St-Zip: WINDERMERE, FL 34786

Title: D
Name: BROWN, RICHARD
Address: 9615 WESTOVER CLUB CIRCLE
City-St-Zip: WINDERMERE, FL 34786

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: ANDREA C HARRIS

T

04/20/2011

Electronic Signature of Signing Officer or Director

Date