2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2011
Secretary of State

DOCUMENT# N14309

Entity Name: THE MASTER'S ACADEMY OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1500 LUKAS LANE
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

1500 LUKAS LANE
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-2663620 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, WILLIAM
1500 LUKAS LANE
OVIEDO, FL 32765 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: COB
Name: BATTS, MIKE
Address: 2622 LAKE HOWELL LANE
City-St-Zip: WINTER PARK, FL 32792

Title: BM
Name: ARMSTRONG, MIKE
Address: 2242 WESTMINSTER TERRACE
City-St-Zip: OVIEDO, FL 32765

Title: T
Name: LEE, RICHARD
Address: 1005 BRUMLEY ROAD
City-St-Zip: CHULUOTA, FL 32766

Title: S
Name: WILSON, AMY
Address: 4927 TUSKABAY COURT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: PRES
Name: HARRIS, WILLIAM
Address: 1970 W. SR 426
City-St-Zip: OVIEDO, FL 32765

Title: BM
Name: JONES, ANDREW
Address: 3734 SAFFLOWER TERRACE
City-St-Zip: OVIEDO, FL 32766

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. WILLIAM E. HARRIS PRES 05/03/2011

Electronic Signature of Signing Officer or Director Date