2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
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: 1500 LUKAS LANE
City-St-Zip: OVIEDO, FL 32765

Title: VC
Name: ARMSTRONG, MIKE
Address: 1500 LUKAS LANE
City-St-Zip: OVIEDO, FL 32765

Title: T
Name: LEE, RICHARD
Address: 1500 LUKAS LANE
City-St-Zip: OVIEDO, FL 32765

Title: S
Name: WILSON, AMY
Address: 1500 LUKAS LANE
City-St-Zip: OVIEDO, FL 32765

Title: PRES
Name: HARRIS, WILLIAM
Address: 1500 LUKAS LANE
City-St-Zip: OVIEDO, FL 32765

Title: BM
Name: URIAN, MITCH
Address: 1500 LUKAS LANE
City-St-Zip: OVIEDO, FL 32765

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 HARRIS PRES 01/05/2012

Electronic Signature of Signing Officer or Director Date