

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90007 020 \*\*\*\*70.00

**DOCUMENT # N34665**

1. Corporation Name

**WILFORD WOODRUFF ACADEMY, INC.**

Principal Place of Business

717 EAST ALTAMONTE DRIVE  
SUITE A  
ALTAMONTE SPRINGS FL 32701  
US

Mailing Address

717 EAST ALTAMONTE DRIVE  
SUITE A  
ALTAMONTE SPRINGS FL 32701  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/13/1989

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SULLIVAN, G. MICHAEL  
1878 MATTERHORN DR  
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SULLIVAN, JUNE L W  
STREET ADDRESS 1878 MATTERHORN DR  
CITY-ST-ZIP ORLANDO FL

TITLE STD ☐ DELETE

NAME SULLIVAN, G MICHAEL  
STREET ADDRESS 1878 MATTERHORN DR  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME MUNCK, GAIL  
STREET ADDRESS 106 MARGO LANE  
CITY-ST-ZIP LONGWOOD FL

TITLE D ☐ DELETE

NAME EVANS, WILLIAM  
STREET ADDRESS 4156 WESTGATE ROAD  
CITY-ST-ZIP ORLANDO FL 32808

TITLE D ☒ DELETE

NAME WALTERS, RALPH  
STREET ADDRESS 416 EAST ALPINE STREET  
CITY-ST-ZIP ALTAMONTE SPRGS. FL

TITLE D ☐ DELETE

NAME LEWIS, ELIZABETH  
STREET ADDRESS 8676 A D MIMS RD  
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☒ Addition

5.2 NAME DIRECTOR

5.3 STREET ADDRESS KENNETH PITTS

5.4 CITY-ST-ZIP 8014 GROVEMONT ESTATE ROAD

6.1 TITLE GROVELAND, FL 34736

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Handwritten Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-99

407-265-0377

CR2E037 (5/99)