

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34665

Entity Name: WILFORD WOODRUFF ACADEMY, INC.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

190 O'BRIEN ROAD
CASSELBERRY, FL 32730 US

New Principal Place of Business:

Current Mailing Address:

190 O'BRIEN ROAD
CASSELBERRY, FL 32730 US

New Mailing Address:

FEI Number: 59-2976861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SULLIVAN, G. MICHAEL
308 EAST HILLCREST STREET
ALTAMONTE SPRINGS, FL 32701 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: PD () Delete
Name: SULLIVAN, JUNE L W,
Address: 308 E. HILLCREST STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: STD () Delete
Name: SULLIVAN, G MICHAEL,
Address: 308 E. HILLCREST STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: MUNCK, GAIL
Address: 106 MARGO LANE
City-St-Zip: LONGWOOD, FL

Title: D () Delete
Name: RUSSELL, NANCY
Address: 4936 TUSKABAY COURT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: MILLER, JANET
Address: 1149 E. OHIO AVENUE
City-St-Zip: LAKE HELEN, FL 32744

Title: D () Delete
Name: LEWIS, ELIZABETH
Address: 1811 MAGNOLIA AVENUE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: G. MICHAEL SULLIVAN

STD

04/28/2004

Electronic Signature of Signing Officer or Director

Date