

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34665

FILED
Apr 22, 2009
Secretary of State

Entity Name: WILFORD WOODRUFF ACADEMY, INC.

Current Principal Place of Business:

760-A NORTH LAKEMONT AVENUE
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

760-A NORTH LAKEMONT AVENUE
WINTER PARK, FL 32792 US

New Mailing Address:

FEI Number: 59-2976861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 WOODRUFF
Address: 308 EAST HILLCREST STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPST () Delete
Name: SULLIVAN, G. MICHAEL
Address: 308 EAST 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: HOLLADAY, BRENT
Address: 820 EASTGATE TRAIL
City-St-Zip: LONGWOOD, FL 32750

Title: D (X) Delete
Name: HOLLADAY, DANA
Address: 820 EASTGATE TRAIL
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: HOLLADAY, BRENT
Address: 820 EASTGATE TRAIL
City-St-Zip: LONGWOOD, FL 32750

Title: D (X) Change () Addition
Name: HOLLADAY, DANA
Address: 820 EASTGATE TRAIL
City-St-Zip: LONGWOOD, FL 32750

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JUNE WOODRUFF SULLIVAN

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date