

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34665

**FILED**  
**Apr 08, 2010**  
**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  
**Name:** SULLIVAN, JUNE WOODRUFF  
**Address:** 308 EAST HILLCREST STREET  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701

**Title:** VPST  
**Name:** SULLIVAN, G. MICHAEL  
**Address:** 308 EAST HILLCREST STREET  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701

**Title:** D  
**Name:** HOLLADAY, BRENT  
**Address:** 820 EASTGATE TRAIL  
**City-St-Zip:** LONGWOOD, FL 32750

**Title:** D  
**Name:** HOLLADAY, DANA  
**Address:** 820 EASTGATE TRAIL  
**City-St-Zip:** LONGWOOD, FL 32750

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:** JUNE WOODRUFF SULLIVAN

PD

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date