

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90370 015 ****70.00

DOCUMENT # N34665

1. Entity Name
WILFORD WOODRUFF ACADEMY, INC.



Principal Place of Business
~~504 PALM SPRINGS DRIVE~~
~~ALTAMONTE SPRINGS FL 32701~~
US

Mailing Address
~~504 PALM SPRINGS DRIVE~~
~~ALTAMONTE SPRINGS FL 32701~~
US



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
190 O'BRIEN ROAD
Suite, Apt. #, etc.
~~FERN PARK, FLORIDA~~
City & State
FERN PARK FLORIDA
Zip Country
32730-2806 USA

3. Mailing Address
190 O'BRIEN ROAD
Suite, Apt. #, etc.
~~FERN PARK, FLORIDA~~
City & State
FERN PARK FLORIDA
Zip Country
32730-2806 USA

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SULLIVAN, G. MICHAEL SAME
~~516 ONE CENTER BLVD #101~~ CHANGE
~~ALTAMONTE SPRINGS FL 32701~~ SAME/CORRECT

7. Name and Address of New Registered Agent

Name
SULLIVAN, G. MICHAEL
Street Address (P.O. Box Number is Not Acceptable)
308 EAST HILLCREST STREET
ALTAMONTE SPRINGS, 32701
City Zip Code
ALTAMONTE SPRINGS FL 32701

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **04-29-03**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SULLIVAN, JUNE WOODRUFF	
STREET ADDRESS	516 ONE CENTER BLVD #101	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SULLIVAN, G MICHAEL	
STREET ADDRESS	516 ONE CENTER BLVD #101	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNCK, GAIL	
STREET ADDRESS	106 MARGO LANE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, NANCY	
STREET ADDRESS	4936 TUSKABAY COURT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PITTS, KENNETH	
STREET ADDRESS	8014 GROVEMONT ESTATE ROAD	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLACKWELDER, LINDA	
STREET ADDRESS	2917 CROTON ROAD	
CITY-ST-ZIP	APOPKA FL 32703	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME JUNE WOODRUFF SULLIVAN	
STREET ADDRESS	308 E. HILLCREST STREET	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32701	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	308 E. HILLCREST STREET	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET MILLER	
STREET ADDRESS	1149 E. OHIO AVENUE	
CITY-ST-ZIP	LAKE HELEN, FLORIDA 32744	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZABETH LEWIS	
STREET ADDRESS	1811 MAGNOLIA AVENUE	
CITY-ST-ZIP	WINTER PARK, FLORIDA 32789	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4-29-03** TELEPHONE: **407-265-0377**

CR2E037 (10/02)