2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# N94000002566

Entity Name: BELZ ACADEMY, INC.

Current Principal Place of Business:

1635 COLONIAL BLVD.
FT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

1635 COLONIAL BLVD.
FT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0497504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELZ, ANDREA
1635 COLONIAL BLVD.
FT MYERS, FL 33907 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:	D	( ) Delete
Name:	BELZ, ANDREA	
Address:	4370 TUFTS AVE	
City-St-Zip:	FT MYERS, FL 33901	
Title:	D	( ) Delete
Name:	FURLOW, KELSEY	
Address:	4370 TUFTS AVENUE	
City-St-Zip:	FT MYERS, FL 33901	
Title:	S	( ) Delete
Name:	CHAPPELLE, SHERRY	
Address:	13319 CARIBBEAN BLVD SE	
City-St-Zip:	FT MYERS, FL 33905	
Title:	C	( ) Delete
Name:	SODANO, MARTHA	
Address:	4107 OASIS BLVD.	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:	D	( ) Delete
Name:	BENNETT, CARLA	
Address:	PO BOX 380652	
City-St-Zip:	MURDOCK, FL 33938	
Title:	C	( ) Delete
Name:	LAROSE, LEONARD	
Address:	3032 SW 5TH AV.	
City-St-Zip:	CAPE CORAL, FL 33914	

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: ANDREA BELZ D 04/19/2004
Electronic Signature of Signing Officer or Director — Date