

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N94000002654****1. Entity Name**  
ALL SAINTS' ACADEMY, INC.**Principal Place of Business**  
5001 STATE ROAD 540  
WINTER HAVEN FL 33880 US**Mailing Address**  
5001 STATE ROAD 540  
WINTER HAVEN FL 33880 US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

**4. FEI Number**  
**59-3246571****Applied For**  
**Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**DAVIS BRUCE A  
3082 LANDINGS CT  
HAINES CITY FL 33845Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code**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.****SIGNATURE** **04/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW: FEE IS \$61.25**  
**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLIS JACK		NAME	CRADDOCK HOOD	
STREET ADDRESS	1285 JEFFERSON DR		STREET ADDRESS	145 LAKE OTIS ROAD	
CITY-ST-ZIP	LAKELAND FL 33803		CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER DAVID		NAME	ALEXANDER DAVID	
STREET ADDRESS	119 WYNDHAM DR		STREET ADDRESS	119 WYNDHAM DR	
CITY-ST-ZIP	WINTER HAVEN FL 33884		CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAHNA EMIL		NAME	JAHNA EMIL	
STREET ADDRESS	1390 N CROOKED LAKE DR		STREET ADDRESS	1390 N CROOKED LAKE DR	
CITY-ST-ZIP	BABSON PARK FL		CITY-ST-ZIP	BABSON PARK FL 33827	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS BRUCE A		NAME		
STREET ADDRESS	3082 LANDINGS CT		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL 33845		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: HOOD CRADDOCK SD 04/30/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)