2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 10, 2004 8:00 am
Secretary of State
02-25-2004 90013 025 ****70.00

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1. Entity Name
ALL SAINTS' ACADEMY, INC.

66405242

Principal Place of Business	Mailing Address
5001 STATE ROAD 540 WINTER HAVEN, FL 33880 US	5001 STATE ROAD 540 WINTER HAVEN, FL 33880 US

01072004 No Chg-NP CR2E037 (10/03)

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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

CRADDOCK, HOOD
145 LAKE OTIS ROAD
WINTER HAVEN, FL 33884

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	CRADDOCK, HOOD
STREET ADDRESS	145 LAKE OTIS ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	VD
NAME	CRAIG, JOHN
STREET ADDRESS	1011 SUNSET DRIVE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	CD
NAME	ALEXANDER, DAVID
STREET ADDRESS	119 WYNDHAM DR
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	SD
NAME	SANDERS, LORETTA
STREET ADDRESS	1129 INTERLOCHEN BLVD.
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #