

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002654

FILED
Jul 14, 2005
Secretary of State

Entity Name: ALL SAINTS' ACADEMY, INC.

Current Principal Place of Business:

5001 STATE ROAD 540
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

5001 STATE ROAD 540
WINTER HAVEN, FL 33880 US

New Mailing Address:

FEI Number: 59-3246571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JOHN, CRAIG
1011 SUNSET DRIVE
LAKE WALES, FL 33853 US

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: JOHN CRAIG

07/14/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CRADDOCK, HOOD
Address: 145 LAKE OTIS ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD () Delete
Name: CRAIG, JOHN
Address: 1011 SUNSET DRIVE
City-St-Zip: LAKE WALES, FL 33853

Title: CD () Delete
Name: ALEXANDER, DAVID
Address: 119 WYNDHAM DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD () Delete
Name: SANDERS, LORETTA
Address: 1129 INTERLOCHEN BLVD.
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: CRAIG, JOHN
Address: 1011 SUNSET DRIVE
City-St-Zip: LAKE WALES, FL 33853

Title: VD (X) Change () Addition
Name: WRIGHT, STEVE
Address: 106 CAMPBELL DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

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: JOHN CRAIG

CD

07/14/2005

Electronic Signature of Signing Officer or Director

Date