

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002654

FILED  
Jan 24, 2007  
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 ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

WRIGHT, STEVE  
106 CAMPBELL DRIVE  
WINTER HAVEN, FL 33884 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: STEVE WRIGHT

01/24/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: VARASSE, JACK  
Address: 521 LONE PALM DRIVE  
City-St-Zip: LAKELAND, FL 33801

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

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

Title: VD (X) Change ( ) Addition  
Name: SANDERS, LORETTA  
Address: 1129 INTERLOCHEN BLVD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD (X) Change ( ) Addition  
Name: HENRY, CINDY  
Address: 2300 NORTH SCENIC HIGHWAY  
City-St-Zip: LAKE WALES, FL 33853

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: STEVE WRIGHT

CD

01/24/2007

Electronic Signature of Signing Officer or Director

Date