

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 21, 2010**  
**Secretary of State**

DOCUMENT# N94000002654

**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:**PAUL, BLAKE  
128 EAST MAXWELL STREET  
LAKELAND,, FL 33803 US**Name and Address of New Registered Agent:**PAUL, BLAKE  
225 E. LEMON STREET  
SUITE 300  
LAKELAND,, FL 33802-462 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: BLAKE PAU;

09/21/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: PAUL, BLAKE  
Address: 225 E. LEMON STREET, SUITE 300  
City-St-Zip: LAKELAND, FL 33802 46

Title: VD  
Name: HENRY, CINDY  
Address: P. O. BOX 832  
City-St-Zip: LAKE WALES, FL 33859

Title: SD  
Name: LOUISVILLE, MARVA  
Address: 221 OLD SPANISH WAY  
City-St-Zip: WINTER HAVEN, FL 33884

Title: TREA  
Name: THORNHILL, CONLEY  
Address: 1155 INTERLOCKEN BLVD  
City-St-Zip: WINTER HAVEN, FL 33884

I hereby 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 all other like empowered.

SIGNATURE: BLAKE PAUL

CD

09/21/2010

Electronic Signature of Signing Officer or Director

Date