

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000002654

FILED
Apr 29, 2003
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:

DAVIS, BRUCE A
3082 LANDINGS CT
HAINES CITY, FL 33845

Name and Address of New Registered Agent:

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

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: HOOD CRADDOCK

04/29/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: DAVIS, BRUCE A
Address: 3082 LANDINGS CT
City-St-Zip: HAINES CITY, FL 33845

Title: PD () Delete
Name: JAHNA, EMIL
Address: 1390 N CROOKED LAKE DR
City-St-Zip: BABSON PARK, FL 33827

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: HOOD CRADDOCK

TD

04/29/2003

Electronic Signature of Signing Officer or Director

Date