

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90206 036 ****70.00

DOCUMENT # N97000001882

1. Entity Name
WESLEY'S ACADEMY INC.



Principal Place of Business
**4650 SW 61 AVE
DAVIE, FL 33314**

Mailing Address
**4650 SW 61 AVE
DAVIE, FL 33314**
*801 Oleander Dr.
Plantation,
FL 33317*

24068813



04292004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0740489	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WEIR, WESLEY W
801 OLEANDER DRIVE
PLANTATION, FL 33317**

**DO NOT WRITE
IN THIS SPACE**

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

**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	D
NAME	WEIR, WESLEY W
STREET ADDRESS	801 OLEANDER DRIVE
CITY - ST - ZIP	PLANTATION, FL 33317

TITLE	D
NAME	WEIR, AUDREY D
STREET ADDRESS	801 OLEANDER DRIVE
CITY - ST - ZIP	PLANTATION, FL 33317

TITLE	D
NAME	WEIR, LISA R
STREET ADDRESS	801 OLEANDER DRIVE
CITY - ST - ZIP	PLANTATION, FL 33317

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Wesley W. Weir* **Wesley W. Weir** *4/29/04* *(754) 584-6060*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #