

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002381

FILED
Apr 30, 2004
Secretary of State

Entity Name: GENEVA ACADEMY OF DELAND, INC.

Current Principal Place of Business:

811 ORANGE CAMP ROAD
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

811 ORANGE CAMP ROAD
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-3444642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, JOHN
402 CINNAMON CIRCLE
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: WILSON, JOHN D
Address: 402 CINNAMON CIR
City-St-Zip: DELAND, FL 32724

Title: ST () Delete
Name: DION, JAYNE
Address: 3271 EAGLE ROCK TRL
City-St-Zip: DELAND, FL 32724

Title: PD () Delete
Name: TCHIVIDJAIN, BOZ
Address: PO BOX 3033
City-St-Zip: DELAND, FL 32721

Title: D () Delete
Name: ANDREWS, WILLIAM
Address: 420 E UNIVERSITY
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: GMITRO, TRACEE M
Address: 2831 ARBOUR TRAIL COURT
City-St-Zip: DELTONA, FL 32725

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

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: BOZ TCHIVIDJIAN

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date