

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002381

FILED  
Apr 25, 2006  
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:

GMITRO, TRACEE M  
2831 ARBOUR TRAIL COURT  
DELTONA, FL 32725 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: D ( ) Delete  
Name: HARDING, JENNIFER  
Address: 1123 HELEN DRIVE  
City-St-Zip: DELAND, FL 32720 US

Title: S/T ( ) Delete  
Name: GMITRO, TRACEE M  
Address: 2831 ARBOUR TRAIL COURT  
City-St-Zip: DELTONA, FL 32725 US

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

Title: P/D ( ) Delete  
Name: ANDREWS, WILLIAM A  
Address: 246 EAST FLORENCE AVENUE  
City-St-Zip: DELAND, FL 32724 US

Title: V/D ( ) Delete  
Name: WHITE, RICHARD  
Address: 511 DONALDSON DRIVE  
City-St-Zip: DELAND, FL 32713 US

Title: D ( ) Delete  
Name: HARPER, DEREN  
Address: 833 HANOVER ROAD  
City-St-Zip: DELAND, FL 32724 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: V/D (X) Change ( ) Addition  
Name: ANDREWS, WILLIAM A  
Address: 246 EAST FLORENCE AVENUE  
City-St-Zip: DELAND, FL 32724 US

Title: S/D (X) Change ( ) Addition  
Name: COGGINS, LONNIE  
Address: 215 N. CLARA AVE.  
City-St-Zip: DELAND, FL 32720 US

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 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: TRACEE M GMITRO

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date