

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002381

FILED
Feb 22, 2007
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:

GMITRO, TRACEE M
1795 NEIGHBORS DRIVE
DELAND, FL 32724 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:

02/22/2007

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

Title: S/D () Delete
Name: COGGINS, LONNIE
Address: 215 N. CLARA AVE.
City-St-Zip: DELAND, FL 32720 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: 1795 NEIGHBORS DRIVE
City-St-Zip: DELAND, FL 32724 US

Title: S/D (X) Change () Addition
Name: TCHIVIDJIAN, LYDIA
Address: PO BOX 3033
City-St-Zip: DELAND, FL 32721 US

Title: D (X) Change () Addition
Name: TAYLOR, CLAY
Address: 1548 ROCKWELL HEIGHTS DRIVE
City-St-Zip: DELAND, FL 32724 US

Title: V/D (X) Change () Addition
Name: COGGINS, LONNIE
Address: 740 EASTOVER CIRCLE
City-St-Zip: DELAND, FL 32724 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

P/D

02/22/2007

Electronic Signature of Signing Officer or Director

Date