

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90048 013 ****61.25

0077961

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000002808

1. Corporation Name

VIRTUAL ACADEMY OF FLORIDA, INC.

Principal Place of Business

185 W. AIRPORT BLVD.
 PENSACOLA FL 32505
 US

Mailing Address

185 W. AIRPORT BLVD.
 PENSACOLA FL 32505
 US



2. Principal Place of Business

21 **7000 Pine Forest Rd.**

2a. Mailing Address

26 **7000 Pine Forest Rd.**

Suite, Apt. #, etc.

22 **Suite C**

Suite, Apt. #, etc.

27 **Suite C**

City & State

23 **PENSACOLA, Florida**

City & State

28 **PENSACOLA**

Zip

24 **32526**

Country

25 **USA**

Zip

29 **32526**

Country

30 **USA**

3. Date Incorporated or Qualified

05/16/1997

4. FEI Number

59-3450249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

FREEMAN, JANUS
2616 SHERMAN AVE.
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name **J.R. Blanton**

82 Street Address (P.O. Box Number is Not Acceptable)

5923 South Gulf Manor

83 **Pensa**

84 City **PENSACOLA**

FL

85 Zip Code

32526

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

J.R. Blanton
 Signature, typed or printed name of registered agent and title if applicable.

J. R. Blanton TD

1/11/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **CATES, V.L.**
 STREET ADDRESS **2012 E HERNANDEZ**
 CITY-ST-ZIP **ST PENSACOLA FL 32503**

TITLE **VD** ☐ DELETE

NAME **SANDERS, ELLEN**
 STREET ADDRESS **201 RUBY AVE**
 CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **SD** ☒ DELETE

NAME **FREEMAN, JANUS**
 STREET ADDRESS **2616 SHERMAN AVE, PO BOX 4602**
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **TD** ☐ DELETE

NAME **BLANTON, M.K. J.R.**
 STREET ADDRESS **5923 S GULF MANOR, PO BOX 7575**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Sec. Faye Reynolds, Gloria F
3245 Torres Ave.
Pensacola, Fl. 32503

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gloria F. Reynolds* **1-13-99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)