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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

570014 - 90001 - 18

DOCUMENT # N98000000583

1. Corporation Name

EMPOWERING YOUNG MINDS ACADEMY, INC.

Principal Place of Business	Mailing Address
~~1527 GANDY STREET JACKSONVILLE FL 32202~~	~~1527 GANDY STREET JACKSONVILLE FL 32202~~
5258-12 Norwood Ave Jacksonville, Fl 32208	

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 5258-12 Norwood Ave.	26 5258-12 Norwood Ave.	01/30/1998	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
22	27	59-3469607	
City & State	City & State	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
23 Jacksonville, Florida	28 Jacksonville, FL		
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 32208 / 25 Duval	29 32208 / 30 Duval		

9. Name and Address of Current Registered Agent

WHITE, MARCIA
2227 RIBAULT SCENIC DRIVE
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name: Jacqueline M. Mitchell
82 Street Address (P.O. Box Number is Not Acceptable): 5258-12 Norwood Ave.
83
84 City: Jacksonville FL 85 Zip Code: 32208

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: Jacqueline M. Mitchell — DATE: Jacqueline M. Mitchell
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent's signature is required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	☒ DELETE	1.1 TITLE	Board Member	☒ Change ☐ Addition
NAME	WHITE, MARCIA		1.2 NAME	Pamela L. Neil	
STREET ADDRESS	2227 RIBAULT SCENIC DRIVE		1.3 STREET ADDRESS	9213 Madison Ave	
CITY-ST-ZIP	JACKSONVILLE FL 32208		1.4 CITY-ST-ZIP	Jacksonville, FL 32208	
TITLE	DT	☒ DELETE	2.1 TITLE	Board member	☒ Change ☑ Addition
NAME	ALLEN, BERNARD		2.2 NAME	Deborah Coates	
STREET ADDRESS	3509 SOUTEL DRIVE		2.3 STREET ADDRESS	5258-12 Norwood Ave	
CITY-ST-ZIP	JACKSONVILLE FL 32208		2.4 CITY-ST-ZIP	Jacksonville, FL 32208	
TITLE	DT - Chairperson	☐ DELETE	3.1 TITLE	Barbara Funches - Director	☐ Change ☒ Addition
NAME	MITCHELL, JACKIE		3.2 NAME	5258-12 Norwood Ave	
STREET ADDRESS	2304 ROGERO RD.		3.3 STREET ADDRESS	Jacksonville, Fl. 32208	
CITY-ST-ZIP	JACKSONVILLE FL 32211		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	CRAWFORD, GLORIA		4.2 NAME	Emma Curtis	
STREET ADDRESS	6324 HOWELL DRIVE		4.3 STREET ADDRESS	274 S. McDuff Ave	
CITY-ST-ZIP	JACKSONVILLE FL 32208		4.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	D	☒ DELETE	5.1 TITLE	Alfred Battle	☒ Change ☑ Addition
NAME	WILLIAMS, JAMES		5.2 NAME	5258-12 Norwood Ave	
STREET ADDRESS	1527 GANDY ST.		5.3 STREET ADDRESS	Jacksonville, FL 32208	
CITY-ST-ZIP	JACKSONVILLE FL 32208		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	Sandra Durden - Secretary	☒ Change ☐ Addition
NAME	HUNTER, CLAUDE		6.2 NAME	5258-12 Norwood Ave	
STREET ADDRESS	4338 TRENTON DR. SOUTH		6.3 STREET ADDRESS	Jacksonville, FL 32208	
CITY-ST-ZIP	JACKSONVILLE FL 32209		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Jacqueline M. Mitchell ~~SIGNATURE REQUIRED~~ 4/26/99 904/630-7144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR