

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003597

FILED
Jan 09, 2006
Secretary of State

Entity Name: MCKEEL ACADEMY OF TECHNOLOGY, INC.

Current Principal Place of Business:

1810 W. PARKER ST.
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

1810 W. PARKER ST.
LAKELAND, FL 33815

New Mailing Address:

FEI Number: 65-0854467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAREADY, HAROLD
1810 W. PARKER ST.
LAKELAND, FL 33815 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: MCKEEL, SETH
Address: 2000 E. EDGEWOOD DRIVE, SUITE 214
City-St-Zip: LAKELAND, FL 338033648

Title: PD () Delete
Name: MAREADY, HAROLD
Address: 1810 W. PARKER STREET
City-St-Zip: LAKELAND, FL 33815

Title: S () Delete
Name: HENSLER, MARJORIE
Address: 1085 BUTTERCUP
City-St-Zip: LAKELAND, FL 33801

Title: T () Delete
Name: WEST, DEBI W
Address: 1810 W. PARKER STREET
City-St-Zip: LAKELAND, FL 33815

Title: COB () Delete
Name: JACKSON, CAROLYN
Address: 35 LAKE MARTIN DR
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: SMALL, JOHN
Address: 5216 ST. LUCIA DRIVE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: DEBI WEST

T

01/09/2006

Electronic Signature of Signing Officer or Director

Date