


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000003954</b> 1. Entity Name JMJ ACADEMY, INC.		
Principal Place of Business 1515 PAULA DR APOPKA, FL 32703	Mailing Address 1515 PAULA DR APOPKA, FL 32703	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  ARAGO, MAUREEN A 14794 VIA TIVOLI CT. DAVIE, FL 33325		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PREVOSK, JOHN R 1515 PAULA DR APOPKA, FL 32703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PREVOSK, SUSAN M 1515 PAULA DR APOPKA, FL 32703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEASLEY, CAROLE A 6526 LYNN RD ORLANDO, FL 32810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROZIER, RITA M 8616 CONTOURA DR. ORLANDO, FL 32810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Susan M. Prevosk</u> <u>Susan M. Prevosk</u> <u>4-2-05 407 8861604</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



03302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3522278	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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04/11/05-80091-017 61.25

**DO NOT WRITE  
IN THIS SPACE**