
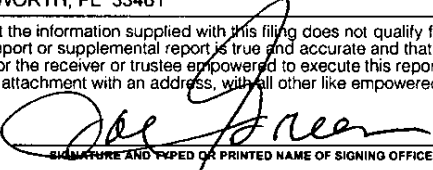


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90195 026 ****61.25

DOCUMENT # N98000006035 1. Entity Name DELRAY-BOYNTON ACADEMY, INC.					
Principal Place of Business 425 MARTIN LUTHER KING JR BLVD BOYNTON BEACH, FL 33435				Mailing Address P O BOX 1388 BOYNTON BEACH, FL 33425	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0870880	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREEN, JOE 425 MARTIN LUTHER KING JR BLVD BOYNTON BEACH, FL 33435				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, ANN		NAME		
STREET ADDRESS	102 S.W. 13TH AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP		
TITLE	ED <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, JOE		NAME		
STREET ADDRESS	425 NE 10TH AVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	PRD <input type="checkbox"/> Delete		TITLE	VP, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIDEMAN, CLAY		NAME		
STREET ADDRESS	404 W. ATLANTIC AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESPINOZA, RENATTA		NAME		
STREET ADDRESS	1114 ASBURY WAY		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECKNER, MATTHEW		NAME		
STREET ADDRESS	425 NW 10TH AVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANCIS, EVELYN		NAME		
STREET ADDRESS	4063 KIVEY DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			561-706-4624		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		