2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90310 040 ****61.25

DOCUMENT # N98000006035

1. Entity Name
DELRAY-BOYNTON ACADEMY, INC.

11/27/02

Principal Place of Business	Mailing Address
~~1004 GREEN PINE BLVD~~ ~~WEST PALM BEACH, FL 33409~~	~~P.O. BOX 3021~~ ~~DELRAY BEACH, FL 33444~~

2. Principal Place of Business	3. Mailing Address
900 N. SEACREST BLVD.	900 N. SEACREST BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BEACH, FL.	City & State: BOYNTON BEACH, FL.
Zip: 33435 Country:	Zip: 33435 Country:

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0870880 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREEN, JOE ~~1101 N.W. 2ND STREET~~ ~~DELRAY BEACH, FL 33444~~	Name Street Address (P.O. Box Number is Not Acceptable): 900 N. SEACREST BLVD. City: Boynton Beach FL Zip Code: 33435

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEES $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GREEN, ANN 1101 N.W. 2ND STREET DELRAY BEACH, FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S, D 900 N. SEACREST BLVD. BOYNTON BEACH, FL 33435	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED GREEN, JOE 1101 N.W. 2ND STREET DELRAY BEACH, FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900 N. SEACREST BLVD. BOYNTON BEACH, FL. 33435	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRD WIDEMAN, CLAY 404 W. ATLANTIC AVENUE DELRAY BEACH, FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RAMSEY, SANDRA 1114 ASBURY WAY BOYNTON BEACH, FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HUNTER, LYNDA 3950 SABLE LAKES RD. DELRAY BEACH, FL 33445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T, D MATTHEW BECKNER 900 N. SEACREST BLVD. BOYNTON BEACH, FL. 33435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 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: _____ 4/25/03 561-736-8828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #