

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90171 043 ****61.25

DOCUMENT # N98000006054

1. Corporation Name

THE FOUNDATION ACADEMY, INC.

Principal Place of Business
107 3RD AVE SOUTH
JACKSONVILLE BEACH FL 32250

Mailing Address
107 3RD AVE SOUTH
JACKSONVILLE BEACH FL 32250



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/16/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2969136

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SORRELL, MARY C
2275 ATLANTIC BLVD
SUITE 200
NEPTUNE BEACH FL 32266

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE
NAME HIONIDES, NADIA
STREET ADDRESS 47 11TH ST
CITY-ST-ZIP ATLANTIC BEACH FL 32233

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME DIGHT, JANIS
STREET ADDRESS 7805 GAYL RD
CITY-ST-ZIP CELTENHAM PA 19012

2.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE
NAME SORRELL, MARY C
STREET ADDRESS 1415 INDIAN WOODS DR
CITY-ST-ZIP NEPTUNE BEACH FL 32266

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME PERRY, DONNA
STREET ADDRESS 1521 INVERNESS RD
CITY-ST-ZIP FERNANDINA BEACH FL 32034

4.1 TITLE ☐ Change ☐ Addition

TITLE VT ☐ DELETE
NAME HIONIDES, CHRIS
STREET ADDRESS 47TH 11TH ST
CITY-ST-ZIP ATLANTIC BEACH FL 32233

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

3/29/99

(904) 241-1501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)