

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006262

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** EXPRESSIONS LEARNING ARTS ACADEMY, INC.

**Current Principal Place of Business:**

5408 SW 13TH ST  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

5408 SW 13TH ST  
GAINESVILLE, FL 32608

**New Mailing Address:**

**FEI Number:** 59-3548479

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALANTIS, CHERYL  
1501 NW 34TH PLACE  
GAINESVILLE, FL 32605 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: PD ( ) Delete  
Name: VALANTIS, CHERYL  
Address: 1501 NW 34 PL  
City-St-Zip: GAINESVILLE, FL 32605

Title: VD ( ) Delete  
Name: DRAKE, NEIL  
Address: 3746 SW 2ND PL  
City-St-Zip: GAINESVILLE, FL 32607

Title: M ( ) Delete  
Name: VAES, ROBERTA  
Address: 10 NW 80 BLVD  
City-St-Zip: GAINESVILLE, FL 32607

Title: S ( ) Delete  
Name: BRUNNY, RONNIE  
Address: 3746 SW 2ND PLACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: T ( ) Delete  
Name: DALTON, KIMBERLY  
Address: 705 NW 95TH TERR.  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: NEWMAN, ARTHUR  
Address: 1802 NW 11 PL  
City-St-Zip: GAINESVILLE, FL 32605

**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 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: CHERYL VALANTIS

PD

01/14/2009

Electronic Signature of Signing Officer or Director

Date