

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006262

FILED
Jan 12, 2010
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 (X)

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
Name: VALANTIS, CHERYL
Address: 1501 NW 34 PL
City-St-Zip: GAINESVILLE, FL 32605

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHERYL VALANTIS

PD

01/12/2010

Electronic Signature of Signing Officer or Director

Date