

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90326 022 ****70.00

DOCUMENT # N98000007242					
1. Entity Name BLUE LAKE ACADEMY, INC.					
Principal Place of Business 3551 EAST ORANGE AVENUE EUSTIS, FL 32736			Mailing Address 3551 EAST ORANGE AVENUE EUSTIS, FL 32736		
2. Principal Place of Business		3. Mailing Address P.O. Box 1947		04272006 Chg-NP CR2E037 (4/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3547632	
City & State		City & State EUSTIS, FLORIDA		Applied For Not Applicable	
Zip	Country	Zip 32727	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COX, ROGER W MR. 3551 EAST ORANGE AVENUE EUSTIS, FL 32736				7. Name and Address of New Registered Agent	
				Name <u>HAYMANS, SKIP DR.</u>	
				Street Address (P.O.-Box Number is Not Acceptable)	
				<u>19529 SPRING OAK DRIVE</u>	
				City <u>EUSTIS</u> <u>FL</u> Zip Code <u>32736</u>	
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 <u>Dr. Skip Haymans</u>					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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 D	NAME COX, ROGER W MR.	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 3551 EAST ORANGE AVENUE			NAME HAYMANS, SKIP DR.		
CITY-ST-ZIP EUSTIS, FL 32736			STREET ADDRESS 19529 SPRING OAK DRIVE		
			CITY-ST-ZIP EUSTIS, FLORIDA 32736		
TITLE D	NAME CADELL, DANNY MR.	<input type="checkbox"/> Delete	TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3551 EAST ORANGE AVENUE			NAME CADELL, DANNY MR.		
CITY-ST-ZIP EUSTIS, FL 32736			STREET ADDRESS PO BOX 477		
			CITY-ST-ZIP TAUARE, FLORIDA 32778		
TITLE D	NAME SHAMROCK, STEVE MR.	<input type="checkbox"/> Delete	TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3551 E ORANGE AVE			NAME SHAMROCK, STEVE MR.		
CITY-ST-ZIP EUSTIS, FL 32736			STREET ADDRESS PO BOX 3017		
			CITY-ST-ZIP EUSTIS, FLORIDA 32727		
TITLE D	NAME TOMLINSON, HARRY MR.	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3551 E. ORANGE AVE.			NAME TOMLINSON, HARRY MR.		
CITY-ST-ZIP EUSTIS, FL 32726			STREET ADDRESS 36956 LAKE YALE DRIVE		
			CITY-ST-ZIP GRAND ISLAND, FLORIDA 32735		
TITLE D	NAME MCREE, JOAN MRS.	<input type="checkbox"/> Delete	TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3551 E. ORANGE AVE.			NAME MCREE, JOAN MRS.		
CITY-ST-ZIP EUSTIS, FL 32736			STREET ADDRESS PO BOX 1375		
			CITY-ST-ZIP EUSTIS, FLORIDA 32727		
TITLE D	NAME HILBISH, ART MR.	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3551 E. ORANGE AVE.			NAME HILBISH, ART MR.		
CITY-ST-ZIP EUSTIS, FL 32736			STREET ADDRESS 34752 CATTAIL DRIVE		
			CITY-ST-ZIP EUSTIS, FLORIDA 32736		
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: <u>Dr. Skip Haymans</u> <u>DR. SKIP HAYMANS</u> <u>4/30/06</u> <u>(352)</u> <u>357-5640</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					