

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007242

FILED  
May 11, 2009  
Secretary of State

Entity Name: BLUE LAKE ACADEMY, INC.

## Current Principal Place of Business:

3551 EAST ORANGE AVENUE  
EUSTIS, FL 32736

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1947  
EUSTIS, FL 32727

## New Mailing Address:

FEI Number: 59-3547632      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

HAYMANS, SKIP D  
19529 SPRINGOAK DR  
EUSTIS, FL 32736      US

## Name and Address of New Registered Agent:

CADDELL, DANNY MR.  
3551 EAST ORANGE AVENUE  
EUSTIS, FL 32736      US

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: DANNY CADDELL

05/11/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PC      ( ) Delete  
Name: HAYMANS, SKIP DR  
Address: P.O.BOX 129  
City-St-Zip: EUSTIS, FL 32727

Title: VP      ( ) Delete  
Name: CADDELL, DANNY MR.  
Address: P.O.BOX 129  
City-St-Zip: EUSTIS, FL 32727

Title: VP      ( ) Delete  
Name: SHAMROCK, STEVE MR.  
Address: PO BOX 3017  
City-St-Zip: EUSTIS, FL 32727

Title: T      ( ) Delete  
Name: WELLS, JAMES  
Address: P.O.BOX 129  
City-St-Zip: EUSTIS, FL 32727

Title: D      (X) Delete  
Name: WALSH, BARBARA  
Address: P.O.BOX 129  
City-St-Zip: EUSTIS, FL 32727

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EO      (X) Change ( ) Addition  
Name: HAYMANS, SKIP DR.  
Address: P.O.BOX 129  
City-St-Zip: EUSTIS, FL 32727

Title: P      (X) Change ( ) Addition  
Name: CADDELL, DANNY MR.  
Address: P.O.BOX 129  
City-St-Zip: EUSTIS, FL 32727

Title: VP      (X) Change ( ) Addition  
Name: WALDROP, EUNICE MRS.  
Address: PO BOX 129  
City-St-Zip: EUSTIS, FL 32727

Title: S      (X) Change ( ) Addition  
Name: TILLER, JAN MRS.  
Address: P.O.BOX 129  
City-St-Zip: EUSTIS, FL 32727

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: DANNY CADDELL

P

05/11/2009

Electronic Signature of Signing Officer or Director

Date