2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000003475

1. Entity Name
ALEE ACADEMY, INC.

Principal Place of Business	Mailing Address
755 SOUTH CENTRAL AVENUE UMATILLA, FL 32784	P.O. BOX 2481 UMATILLA, FL 32784

01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3579794
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, BRENDA H
59 NORTH CENTRAL AVENUE
UMATILLA, FL 32784

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COHEN, MARTHA
STREET ADDRESS	35203 THRILL ROAD
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	D
NAME	HOLTZCLAW, RACHEL
STREET ADDRESS	11 COVE LANE
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	D
NAME	MANLEY, GERALD DR.
STREET ADDRESS	16916 WILLIS MCCALL ROAD
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	D
NAME	RADNOTHY, LOUIS DR.
STREET ADDRESS	390 SOUTH CENTRAL AVENUE
CITY-ST-ZIP	UMATILLA, FL 32784
TITLE	DC
NAME	NEELD, JENNINGS
STREET ADDRESS	42 DOGWOOD LANE
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/14/05-80044-016 61.25

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12. 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 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: _____ JENNINGS NEELD 1/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #