

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000003475

1. Entity Name
ALEE ACADEMY, INC.



Principal Place of Business
755 SOUTH CENTRAL AVENUE
UMATILLA, FL 32784

Mailing Address
P.O. BOX 2481
UMATILLA, FL 32784



01042006 No Chg-NP CR2E037 (11/05)

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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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IN THIS SPACE**

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 _____

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. ☐

\$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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01/25/06-80029-025 61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennings Neeld Director

1/18/06 (352) 357-9426

Date

Daytime Phone #