

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003475

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: ALEE ACADEMY, INC.

**Current Principal Place of Business:**

755 SOUTH CENTRAL AVENUE  
UMATILLA, FL 32784

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2481  
UMATILLA, FL 32784

**New Mailing Address:**

FEI Number: 59-3579794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, BRENDA H  
59 NORTH CENTRAL AVENUE  
UMATILLA, FL 32784 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: D ( ) Delete  
Name: COHEN, MARTHA  
Address: 35203 THRILL ROAD  
City-St-Zip: EUSTIS, FL 32726

Title: D ( ) Delete  
Name: HOLTZCLAW, RACHEL  
Address: 11 COVE LANE  
City-St-Zip: EUSTIS, FL 32726

Title: D ( ) Delete  
Name: MANLEY, GERALD DR.  
Address: 16916 WILLIS MCCALL ROAD  
City-St-Zip: UMATILLA, FL 32784

Title: D ( ) Delete  
Name: RADNOTHY, LOUIS DR.  
Address: 390 SOUTH CENTRAL AVENUE  
City-St-Zip: UMATILLA, FL 32784

Title: DC ( ) Delete  
Name: NEELD, JENNINGS  
Address: 42 DOGWOOD LANE  
City-St-Zip: EUSTIS, FL 32726

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JENNINGS NEELD

DC

01/06/2009

Electronic Signature of Signing Officer or Director

Date