

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005704

FILED
May 04, 2009
Secretary of State

Entity Name: ACADEMY AT THE FARM, INC.

Current Principal Place of Business:

9500 ALEX LANGE WAY
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

9500 ALEX LANGE WAY
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 59-3638658 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

DWYER, DANIEL L
14217 THIRD STREET
DADE CITY, FL 335233828 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: WILLIAM, CHRIS
Address: 34856 PROSPECT ROAD
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: GOCHENAUR, KELLI
Address: 7718 RIATA PLACE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: S () Delete
Name: LARKIN, SUZANNE
Address: 39651 LARKIN LAKE DRIVE
City-St-Zip: DADE CITY, FL 39651

Title: TBD () Delete
Name: SMITH, LEX
Address: 36743 ROBERTS RD
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: DANIELS, JR., RICHARD L
Address: 8801 SPARKLEBERRY LANE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D () Delete
Name: FINNERTY, JOHN
Address: 36731 MISSOURI AVE
City-St-Zip: DADE CITY, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAM, CHRISTOPHER G
Address: 34856 PROSPECT ROAD
City-St-Zip: DADE CITY, FL 33525

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

Title: C (X) Change () Addition
Name: LARKIN, SUZANNE
Address: 39651 LARKIN LAKE DRIVE
City-St-Zip: DADE CITY, FL 39651

Title: T (X) Change () Addition
Name: SMITH, LEX
Address: 36743 ROBERTS RD
City-St-Zip: DADE CITY, FL 33525

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: CHRISTOPHER G. WILLIAMS

P

05/04/2009

Electronic Signature of Signing Officer or Director

Date