

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006682

FILED
Jun 20, 2006
Secretary of State

Entity Name: WAYMAN ACADEMY OF THE ARTS, INC.

Current Principal Place of Business:

1176 LABELLE STREET
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

8855 SANCHEZ RD.
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 31-1702669 **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:

Name and Address of New Registered Agent:

GRIFFIN, MARK L
12511 MISSION HILLS DRIVE SOUTH
JACKSONVILLE, FL 32225 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPC () Delete
Name: GRIFFIN, MARK L
Address: 12511 MISSION HILLS DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: DS () Delete
Name: BENNETT, CAROLYN
Address: 11044 TRACE LYNN DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: PARKER, AVA L
Address: 11482 KEY BISCAVNE DR.
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: JOHNSON, BARRY
Address: 3841 HABERSHAM FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: FRAZIER, TIFFANY
Address: 8070 TESSA TERR. E
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: BENNETT, CAROLYN
Address: 11044 TRACI LYNN DR
City-St-Zip: JACKSONVILLE, FL 32218

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 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: MARK L. GRIFFING

DPC

06/20/2006

Electronic Signature of Signing Officer or Director

Date