2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90217 033 ****70.00

DOCUMENT # N99000006682

1. Entity Name
WAYMAN ACADEMY OF THE ARTS, INC.

Principal Place of Business	Mailing Address
8855 SANCHEZ RD. JACKSONVILLE FL 32217	8855 SANCHEZ RD. JACKSONVILLE FL 32217

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 31-1702669 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRIFFIN, MARK L 4117 SHOAL CREEK CIR LANE EAST JACKSONVILLE FL 32225	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPC GRIFFIN, MARK L 4117 SHOAL CREEK LN. E. JACKSONVILLE FL 32225	☐ Delete	D JOHNSON, BARRY 3841 HABERSHAM FOREST DRIVE JACKSONVILLE, FL 32223	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BENNETT, CAROLYN 11044 TRACE LYNN DR JACKSONVILLE FL 32218	☐ Delete	D FRAZIER, TRIFFANY 8070 TESSA TERRACE EAST JACKSONVILLE, FL 32244	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKER, AVA L 11482 KEY BISCAYNE DR. JACKSONVILLE FL 32218	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNEY, BETTY 5626 INTERNATIONAL DR. JACKSONVILLE FL 32219	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOOCH, RODERICK 7957 MACINNES DR. JACKSONVILLE FL 32244	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, CARRIE 3857 MISSION DR #7 JACKSONVILLE FL 32217	X Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED Mark L. Griffin (904) 739-7500