

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000050848

FILED
Mar 22, 2009
Secretary of State

Entity Name: NATIONAL SECURITY ACADEMY, INC.

Current Principal Place of Business:

26070 BLUE STAR HWY
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

3987 SHILOH CIRCLE
TALLAHASSEE, FL 32308

New Mailing Address:

26070 BLUE STAR HWY
HAVANA, FL 32333

FEI Number: 01-0686447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, DAWN
3987 SHILOH CIRCLE
TALLAHASSEE, FL 32308 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CO-P () Delete
Name: HOFFMAN, DAWN
Address: 3987 SHILOH CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: CO-P () Delete
Name: MONAHAN, THOMAS E
Address: 3326 HICKORY HOLLOW
City-St-Zip: TALLAHASSEE, FL 32308

Title: T () Delete
Name: CATINO, COLLEEN
Address: 404 LACOSTA STREET
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: S (X) Delete
Name: CONFIGLIACCO, MARY
Address: 3336 OAK ST.
City-St-Zip: MELBOURNE, FL 32901

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN HOFFMAN

CO-P

03/22/2009

Electronic Signature of Signing Officer or Director

Date