

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021730

Entity Name: NORTH FLORIDA ACADEMY, INC.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

1115 S BLANDING BLVD
STE 202
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

950 S. BLANDING BLVD.
STE 24
ORANGE PARK, FL 32065

New Mailing Address:

1115 S BLANDING BLVD
STE 202
ORANGE PARK, FL 32065

FEI Number: 51-0448184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, HAROLD O
950 S. BLANDING BLVD
STE 24
ORANGE PARK, FL 32065 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: DPT () Delete
Name: JOHNSON, HAROLD O
Address: 1798 LAKEDGE DR
City-St-Zip: MIDDLEBURG, FL 32068

Title: DVS () Delete
Name: ROSSANO, ELEANOR E
Address: 390 A1A BEACH BLVD UNIT 57
City-St-Zip: ST. AUGUSTINE BEACH, FL 32080

Title: D () Delete
Name: ROSSANO, JEAN A
Address: 3281 EXCALIBUR WAY
City-St-Zip: JACKSONVILLE, FL 32223

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:

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: HAROLD O. JOHNSON

DPT

01/20/2009

Electronic Signature of Signing Officer or Director

Date