

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000055284

1. Entity Name
THE FOUNDATION ACADEMY, INC.



Principal Place of Business
**107 3RD STREET SOUTH
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**PO BOX 330108
ATLANTIC BEACH, FL 32233**



05062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2969186	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SORRELL, MARY C ESQ
2275 ATLANTIC BLVD STE 200
NEPTUNE BEACH, FL 32266**

**DO NOT WRITE
IN THIS SPACE**

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.

U000000949373
06/03/08-80026-008 150.00

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 \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
HIONIDES, CHRIS
2275 ATLANTIC BLVD SUITE 100
NEPTUNE BEACH, FL 32266**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
HIONIDES, NADIA
107 3RD STREET SOUTH
JACKSONVILLE BEACH, FL 32250**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

Chris Hionides

904-241-1501

5-6-08