

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90072 044 ***150.00

DOCUMENT # P96000052007		
1. Entity Name COMMUNITY ACADEMY, INC.		

Principal Place of Business 2655 COMMUNITY ROAD JACKSONVILLE FL 32207	Mailing Address 2655 COMMUNITY ROAD JACKSONVILLE FL 32207
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-3389036		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SIMPSON, MARY E 2655 COMMUNITY ROAD JACKSONVILLE FL 32207		7. Name and Address of New Registered Agent Name ALLEN, JANICE E. Street Address (P.O. Box Number is Not Acceptable) 2655 COMMUNITY ROAD JACKSONVILLE City FL Zip Code 32207	
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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 Janice E. Allen Janice E. Allen P. 4/26/04
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. After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMPSON, MARY E 2655 COMMUNITY ROAD JACKSONVILLE FL 32207 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, JANICE E. 2655 COMMUNITY ROAD JACKSONVILLE, FL 32207 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FORREST, LESLIE R 2649 COMMUNITY ROAD JACKSONVILLE FL 32207 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITE, CHANTEL J. 8086 KESWICK COURT JACKSONVILLE, FL 32244 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLOCHIAK, KATHRYN L 12716 BENTWATER DR. JACKSONVILLE FL 32246 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, IVORY JR. 8086 KESWICK COURT JACKSONVILLE, FL 32244 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, CAROLINE 8160 TRAFALGAR SQ JACKSONVILLE FL 32207 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, LARRY SR. 9245 DANVILLE AVE. JACKSONVILLE, FL 32208 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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: Janice E. Allen Janice E. Allen P. 4/26/04 904-739-1642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #