

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001398

**Entity Name:** WORKFORCE ADVANTAGE ACADEMY, INC.

**Current Principal Place of Business:**

2113 E. SOUTH ST.  
ORLANDO, FL 32803

**Current Mailing Address:**

2113 E. SOUTH ST.  
ORLANDO, FL 32803

**FEI Number: 80-0058758**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

A.G.C. CO.  
200 S ORANGE AVE, STE 2300  
SUNTRUST CENTER  
ORLANDO, FL 32801 US

*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

**Officer/Director Detail :**

Title D  
Name PEREZ, HECTOR  
Address 919 WALD ROAD  
City-State-Zip: ORLANDO FL 32806

Title D  
Name BLOMELEY, STEVEN  
Address 2170 STATE ROAD 434  
City-State-Zip: LONGWOOD FL 32750

Title C  
Name DE BEAUBIEN, HUGO  
Address 332 N. MAGNOLIA AVENUE  
City-State-Zip: ORLANDO FL 32801

Title D  
Name HUGHES, ELIZABETH  
Address P.O. BOX 540055  
City-State-Zip: ORLANDO FL 32854

Title D  
Name THOMAS, ED JR.  
Address 500 S. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

Title DCEO  
Name HARTSAW, KENNETH EJR.  
Address 2113 E. SOUTH STREET  
City-State-Zip: ORLANDO FL 32803

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KENNETH E. HARTSAW**

**CEO**

**03/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date