

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001497

Entity Name: WESTERN ACADEMY, INC.**Current Principal Place of Business:**650 ROYAL PALM BEACH BOULEVARD
SUITE 400
ROYAL PALM BEACH, FL 33411**Current Mailing Address:**650 ROYAL PALM BEACH BOULEVARD
SUITE 400
ROYAL PALM BEACH, FL 33411 US**FEI Number:** 56-2316078**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TERRANOVA, LINDA P
1717 WILTSHIRE VILLAGE DRIVE
WELLINGTON, FL 33414 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	OTHER, MEMBER
Name	SUFLAS-NOBLE, BARBARA
Address	PO BOX 211195
City-State-Zip:	WEST PALM BEACH FL 33421

Title	OTHER, PARENT LIASON
Name	MACDOUGALL, MARY
Address	650 ROYAL PALM BEACH BOULEVARD SUITE 400
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	VP, SECRETARY
Name	JANISZEWSKI, CHRISTINE
Address	650 ROYAL PALM BEACH BOULEVARD SUITE 400
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	TREA
Name	CUMMINGS, PETER J
Address	650 ROYAL PALM BEACH BOULEVARD SUITE 400
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	PRESIDENT
Name	HOWARD-CULBERSON, CAROL
Address	650 ROYAL PALM BEACH BOULEVARD SUITE 400
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	OTHER
Name	GARRIDO, JORGE
Address	8422 BUTLER GREENWOOD DRIVE
City-State-Zip:	ROYAL PALM BEACH FL 33411

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: CAROL HOWARD-CULBERSON**PRESIDENT****03/15/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date