

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004211

Entity Name: THE MONARCH LEARNING ACADEMY, INC.**Current Principal Place of Business:**1914 EDGEWATER DR.
ORLANDO, FL 32804**Current Mailing Address:**1914 EDGEWATER DR.
ORLANDO, FL 32804 US**FEI Number:** 27-2468055**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LOWE, BRYAN ESQ.
201 E. PINE ST.
STE. 1200
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:** BRYAN LOWE

01/28/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OFFICER
Name SLAGOWITZ, KERRY
Address 2362 SMILEY AVE.
City-State-Zip: WINTER PARK FL 32792

Title OFFICER
Name COWHERD, CHRISTINA
Address 2100 ELIZABETH ST.
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR OF SCHOOL
Name MCNEILL, MARGUERITE
Address 1760 CHINOOK TRAIL
City-State-Zip: MAITLAND FL 32751

Title BOARD CHAIR
Name BLOMQUIST, EMILY
Address 620 BOARDMAN ST.
City-State-Zip: ORLANDO FL 32804

Title FINANCE CHAIR
Name MCKEE, MIKE
Address 342 CATHCART ST.
City-State-Zip: ORLANDO FL 32803

Title OFFICER
Name STEINMETZ, MEGAN
Address 5480 PENWAY DR.
City-State-Zip: ORLANDO FL 32814

Title FUNDRAISING CHAIR
Name PASHLEY, GINA
Address 525 MANDALAY RD.
City-State-Zip: ORLANDO FL 32809

Title OFFICER
Name HADDOCK, KELLIE
Address 415 SHADY LANE DR.
City-State-Zip: ORLANDO FL 32804

Continues on page 2

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: MARGUERITE MCNEILL**DIRECTOR**

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	OFFICER
Name	JORDAN, MELISSA
Address	10212 LOUTH CT.
City-State-Zip:	ORLANDO FL 32836