

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004080

**Entity Name:** RIGHT STRIVE ACADEMY INC.**Current Principal Place of Business:**950 RYANWOOD DRIVE  
WEST PALM BEACH, FL 33413**Current Mailing Address:**P.O. BOX 19972  
WEST PALM BEACH, FL 33416 11**FEI Number:** 80-0736638**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURGESS, DONOVAN C  
950 RYANWOOD DRIVE  
WEST PALM BEACH, FL 33413 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           | VP                     |
| Name            | WILLIAMS, WINCHESTER C |
| Address         | 621 W. 3RD STREET      |
| City-State-Zip: | RIVIERA BEACH FL 33404 |

|                 |                          |
|-----------------|--------------------------|
| Title           | P                        |
| Name            | WILLIAMS, ANGELA         |
| Address         | 950 RYANWOOD DRIVE       |
| City-State-Zip: | WEST PALM BEACH FL 33413 |

|                 |                          |
|-----------------|--------------------------|
| Title           | BM                       |
| Name            | MCKISSACK, THOMAS        |
| Address         | 1045 35TH STREET         |
| City-State-Zip: | WEST PALM BEACH FL 33407 |

|                 |                          |
|-----------------|--------------------------|
| Title           | T                        |
| Name            | BELL, JACQUELINE L       |
| Address         | 1537 43RD STREET         |
| City-State-Zip: | WEST PALM BEACH FL 33407 |

|                 |                          |
|-----------------|--------------------------|
| Title           | ED                       |
| Name            | COLON, SOLANGE           |
| Address         | 800 TUSCALOOGA STREET    |
| City-State-Zip: | WEST PALM BEACH FL 33405 |

|                 |                          |
|-----------------|--------------------------|
| Title           | PD                       |
| Name            | BENS, CHARMAINE          |
| Address         | 611 39TH STREET          |
| City-State-Zip: | WEST PALM BEACH FL 33407 |

*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:** ANGELA B. WILLIAMS**PRESIDENT****04/30/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date