

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007220

Entity Name: EAGLE ARTS ACADEMY, INC.**Current Principal Place of Business:**1000 WELLINGTON TRACE
WELLINGTON, FL 33414**Current Mailing Address:**1000 WELLINGTON TRACE
WELLINGTON, FL 33414 US**FEI Number:** 46-2397280**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BLOUNT, GREG JAMES
1000 WELLINGTON TRACE
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:** GREGORY JAMES BLOUNT

04/28/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name QUINN, TIMOTHY
Address 1000 WELLINGTON TRACE
City-State-Zip: WELLINGTON FL 33414

Title EXECUTIVE DIRECTOR
Name BLOUNT, GREGORY
Address 1000 WELLINGTON TRACE
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR
Name MORLEY, MICHELLE
Address 1000 WELLINGTON TRACE
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR
Name ROBERTSON, JON DR.
Address 1000 WELLINGTON TRACE
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR
Name KIRK, COLLEEN
Address 1000 WELLINGTON TRACE
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR
Name MCGOWAN, DONNA
Address 1000 WELLINGTON TRACE
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR
Name KLOSTERMEYER, SHERI
Address 1000 WELLINGTON TRACE
City-State-Zip: WELLINGTON FL 33414

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: GREGORY JAMES BLOUNT

EXECUTIVE DIRECTOR

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date