

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

DOCUMENT# N13000009408

**Entity Name:** CELANDINE LIFE-PREP ACADEMY, INC.

**Current Principal Place of Business:**

140 TONINA COVE, SUITE 100/150  
MAITLAND, FL 32751

**Current Mailing Address:**

140 TONINA COVE, SUITE 100/150  
MAITLAND, FL 32751

**FEI Number: 46-3956015**

**Certificate of Status Desired: No**

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

TORRES, CYNTHIA  
140 TONINA COVE, SUITE 100/150  
MAITLAND, FL 32751 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/P  
Name TORRES, CYNTHIA  
Address 3322 CRYSTAL CREEK BLVD.  
City-State-Zip: ORLANDO FL 32837

Title D/VP  
Name PETERSON, KRISTEN  
Address 10539 STRADFORD ROW  
City-State-Zip: ORLANDO FL 32817

Title D/S  
Name SMURAWA, TIFFANY  
Address 5426 MUSTANG WAY  
City-State-Zip: ORLANDO FL 32810

Title D/T  
Name ANDRADE, MARGARITA  
Address 7721 BAYBERRY COURT  
City-State-Zip: ORLANDO FL 32810

*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: TIFFANY SMURAWA**

**SECRETARY**

**04/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date