

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14309

**Entity Name:** THE MASTER'S ACADEMY OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1500 LUKAS LANE  
OVIEDO, FL 32765

**Current Mailing Address:**

1500 LUKAS LANE  
OVIEDO, FL 32765 US

**FEI Number:** 59-2663620

**Certificate of Status Desired:** No

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

MATTHEWS, JADE CFO  
1500 LUKAS LANE  
OVIEDO, FL 32765 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:** JADE MATTHEWS

01/10/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ROSS, LORI  
Address 1500 LUKAS LANE  
City-State-Zip: OVIEDO FL 32765

Title TREASURER  
Name WEN, YIQIANG DENNIS  
Address 1500 LUKAS LANE  
City-State-Zip: OVIEDO FL 32765

Title CHAIRMAN  
Name PURSLEY, TIMOTHY DR.  
Address 1500 LUKAS LANE  
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR  
Name SLOCKETT, DEENA  
Address 1500 LUKAS LANE  
City-State-Zip: OVIEDO FL 32765

Title SECRETARY, VC  
Name JAHNKE, BRADLEY DR.  
Address 1500 LUKAS LANE  
City-State-Zip: OVIEDO FL 32765

Title CFO  
Name MATTHEWS, JADE  
Address 1500 LUKAS LANE  
City-State-Zip: OVIEDO FL 32765

Title HEAD OF SCHOOL  
Name DE RUITER, DARRYL  
Address 1500 LUKAS LANE  
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR  
Name OLBERDING, ETHAN  
Address 1500 LUKAS LANE  
City-State-Zip: OVIEDO FL 32765

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*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:** DARRYL DE RUITER

HEAD OF SCHOOL

01/10/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BOOTH, MICHAEL  
Address        1500 LUKAS LANE  
City-State-Zip: OVIEDO FL 32765