

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000011036

**Entity Name:** BEL ANGE ACADEMY, INC.

**Current Principal Place of Business:**

5864 COVINGTON COVE WAY  
ORLANDO, FL 32829

**Current Mailing Address:**

5864 COVINGTON COVE WAY  
ORLANDO, FL 32829 US

**FEI Number:** 47-2992891

**Certificate of Status Desired:** Yes

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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 PD  
Name SHELLEY, VANESSA  
Address 5864 COVINGTON COVE WAY  
City-State-Zip: ORLANDO FL 32829

Title TD  
Name SNELL, KATREECE  
Address 5864 COVINGTON COVE WAY  
City-State-Zip: ORLANDO FL 32829

Title S  
Name SNELL DUNBAR, KATREECE  
Address 5864 COVINGTON COVE WAY  
City-State-Zip: ORLANDO FL 32829

Title D  
Name GRIGGS, TIFFANY  
Address 5864 COVINGTON COVE WAY  
City-State-Zip: ORLANDO FL 32829

Title D  
Name BRUTUS , APRYL  
Address 5864 COVINGTON COVE WAY  
City-State-Zip: ORLANDO FL 32829

*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:** VANESSA SHELLEY

**CEO**

**02/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date