

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

DOCUMENT# N22000001462

**Entity Name:** WOLFF ACADEMY INC.

**Current Principal Place of Business:**

4657 GULF BREEZE PKWY  
GULF BREEZE, FL 32563

**Current Mailing Address:**

4657 GULF BREEZE PKWY  
UNIT D  
GULF BREEZE, FL 32563 US

**FEI Number:** 88-0659061

**Certificate of Status Desired:** No

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

BLAKE, MELISSA  
4657 GULF BREEZE PKWY  
UNIT D  
GULF BREEZE, FL 32563 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 P  
Name BLAKE, MELISSA  
Address 9555 REDLAND RD  
City-State-Zip: MILTON FL 32583

Title VP  
Name WOLFF, CANDICE  
Address 5747 E BAY BLVD.  
City-State-Zip: GULF BREEZE FL 32563

Title SEC  
Name WOLFF, TIMOTHY  
Address 5747 E BAY BLVD  
City-State-Zip: GULF BREEZE FL 32563

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:** MELISSA BLAKE

**OWNER**

**02/10/2025**

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

\_\_\_\_\_  
Date