

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002654

Entity Name: ALL SAINTS' ACADEMY, INC.**Current Principal Place of Business:**5001 STATE ROAD 540 W
WINTER HAVEN, FL 33880**Current Mailing Address:**5001 STATE ROAD 540 W
WINTER HAVEN, FL 33880 US**FEI Number:** 59-3246571**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAUL, BLAKE
225 E. LEMON STREET
SUITE 300
LAKELAND, FL 33802 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	CHAIRMAN
Name	PAUL, BLAKE
Address	225 E. LEMON STREET SUITE 300
City-State-Zip:	LAKELAND FL 33802

Title	SECRETARY
Name	WILSON, LORI
Address	773 HANOVER WAY
City-State-Zip:	LAKELAND FL 33813

Title	TREASURER
Name	BOGDAHN, BETSEY HEATHER
Address	1332 EVALYN DRIVE
City-State-Zip:	WINTER HAVEN FL 33880

Title	VC
Name	MIXON, GERALD
Address	1800 N. LAKE ELOISE DRIVE
City-State-Zip:	WINTER HAVEN FL 33884

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: BLAKE PAUL

CHAIRMAN

03/05/2019

Electronic Signature of Signing Officer/Director Detail_____
Date