

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004850

Entity Name: SKILL DAY CENTER ACADEMY, INC.

Current Principal Place of Business:

1700 NW 17TH AVENUE
OCALA, FL 34475

Current Mailing Address:

P O BOX 5625
OCALA, FL 34475 US

FEI Number: 59-3343834

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, CALVIN DR.
2387 W HWY 316
CITRA, FL 32113 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 DIRECTOR
Name JONES, CALVIN DR.
Address 2387 W HWY 316
City-State-Zip: CITRA FL

Title AD
Name JONES, CATHERINE DR.
Address 2387 W HWY 316
City-State-Zip: CITRA

Title ST
Name YOPP, CECILIA DR.
Address 2387 W. HWY 316
City-State-Zip: CITRA FL 32113

Title BM
Name JONES, JANET MRS.
Address 2009 SW 7TH STREET
City-State-Zip: OCALA FL

Title BM
Name WHIPPER, ALLISON MISS
Address 2210 NW 24TH ROAD
City-State-Zip: OCALA FL 34475

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: CALVIN JONES

DIRECTOR

03/28/2014

Electronic Signature of Signing Officer/Director Detail

Date