

2022 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:** CALVIN JONES

02/07/2022

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	BM
Name	YOPP, CECELIA DR.
Address	4311 BUCKHORN GROVES CT
City-State-Zip:	VALRICO FL 33596

Title	BM
Name	YOPP, M CATHERINE
Address	886 S NOVA RD APT. 26
City-State-Zip:	DAYTONA BEACH FL 32114

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: CECELIA JONES YOPP

BM

02/07/2022

Electronic Signature of Signing Officer/Director Detail

Date