## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000008172

FILED Jun 23, 2008 Secretary of State

Entity Name: WORLD MISSION OF JESUS CHRIST CHRISTIAN ACADEMY CHRISTIAN ACADEMY INC.

Current Principal Place of Business:		New Principal Place of Business:		
3365 NE 2 SUITE 201 MIAMI, FL				
Current Mailing Address:			New Mailing Address:	
	2 STREET Œ PINES, FL 33029			
n accordanc	ce with s. 607.193(2)(b), F.	S., the corporation did not receive		Certificate of Status Desired (X)
Name and	Address of Current F	Registered Agent:	Name and Address	of New Registered Agent:
17903 SW	AN, WILFIRD 2 STREET (E PINES, FL 33029	US		
	named entity submits t e of Florida.	his statement for the purpose	of changing its register	ed office or registered agent, or both,
SIGNATUF	RE:			
	Electronic Signat	ture of Registered Agent		Date
OFFICERS	S AND DIRECTORS:		ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:
Γitle:	P () Delete SAINT-JEAN, WILFRID		Title: Name:	( ) Change ( ) Addition
\ddress:	17903 SW 2 STREET PEMBROKE PINES, FL 3	33029	Address: City-St-Zip:	
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	17903 SW 2 STREET		Address:	()Change ()Addition
Address: City-St-Zip: Fitle: Name: Address:	17903 SW 2 STREET PEMBROKE PINES, FL 3  V ( ) Delete SAINT-JEAN, EMMANUEL 8451 NW 5 AVE		Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	17903 SW 2 STREET PEMBROKE PINES, FL 3  V ( ) Delete SAINT-JEAN, EMMANUEL 8451 NW 5 AVE MIAMI, FL 33150  S ( ) Delete MOMPLAISIR, JOHN J 1470 NE 136 ST N		Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Name: Address: Address:	17903 SW 2 STREET PEMBROKE PINES, FL 3 V ( ) Delete SAINT-JEAN, EMMANUEL 8451 NW 5 AVE MIAMI, FL 33150 S ( ) Delete MOMPLAISIR, JOHN J 1470 NE 136 ST N MIAMI, FL 33161 TD ( ) Delete JOSEPH, NORMIL 15400 NE 13TH AVE		Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILFRID SAINT-JEAN P 06/23/2008