

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 19, 2009  
Secretary of State

DOCUMENT# N03000009910

Entity Name: ALPHA CHRISTIAN ACADEMY, INC.

**Current Principal Place of Business:**

1550 S. LAKEMONT AVE.  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

**Current Mailing Address:**

1550 S. LAKEMONT AVE.  
WINTER PARK, FL 32792 US

**New Mailing Address:**

FEI Number: 90-0121441      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ANDRIANO, LINDA  
900 LINGO CT  
OVIEDO, FL 32765 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CHILDRESS, MEL  
Address: 249 NEEDLES TRL  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: SPENCER, DON  
Address: 2831 ANTIOCH WAY  
City-St-Zip: ORLANDO, FL 32807

Title: D ( ) Delete  
Name: OWENS, WILLIAM  
Address: 4811 DERRY CT  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: BOOK, JIM  
Address: 4826 STAHL CT  
City-St-Zip: ORLANDO, FL 32817

Title: D (X) Delete  
Name: COLLIS, TONY  
Address: 465 MADISON LN  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM OWENS

D

02/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date