
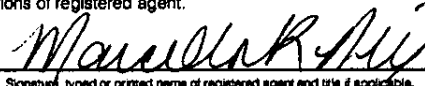
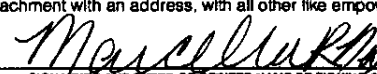


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90010 014 ****61.25

DOCUMENT # N03245					
1. Entity Name COMMUNITY CHRISTIAN SCHOOL, INC.					
Principal Place of Business 1616 FERNDALE AVE. MELBOURNE, FL 32935			Mailing Address 1616 FERNDALE AVE. MELBOURNE, FL 32935		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2409114	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LYONS, JIM 2800 MICHIGAN STREET MELBOURNE, FL 32904			Name Marcella Nix		
			Street Address (P.O. Box Number is Not Acceptable) 1220 Carissa Place		
			City Melbourne		
			FL Zip Code 32935		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Marcella Nix, President		DATE 2/26/04	
Signed, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODERMUTH, KATHERINE		NAME	Marcella Nix	
STREET ADDRESS	699 S HEDGECOCK SQUARE		STREET ADDRESS	1220 Carissa Place	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYONS, JIM		NAME	Tim Maratta	
STREET ADDRESS	2800 MICHIGAN ST		STREET ADDRESS	415 Addison Avenue, NE	
CITY-ST-ZIP	MELBOURNE, FL 32804		CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAGOS, CHRISTINE		NAME	Carol Cusick	
STREET ADDRESS	2855 FOREST RUN DRIVE		STREET ADDRESS	4735 Carolwood Drive	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	Melbourne, FL 32934	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EARLS, LAUREL		NAME	Yorby Caputo	
STREET ADDRESS	579 CADILLAC CIR W		STREET ADDRESS	2935 Turtle Mound Road	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	Melbourne, FL 32934	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONTONES, CINDY		NAME		
STREET ADDRESS	3095 PENNSYLVANIA ST.		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32904		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'COIN, GLENDA		NAME		
STREET ADDRESS	2569 LOCKSLEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Marcella Nix, President		DATE 2/26/04	
Signed, typed or printed name of signing officer or director				Daytime Phone # 321-259-1590	