

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03245

FILED
Mar 23, 2009
Secretary of State

Entity Name: COMMUNITY CHRISTIAN SCHOOL, INC.

Current Principal Place of Business:

1616 FERNDALE AVE.
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

1616 FERNDALE AVE.
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-2409114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, TERESA
591 FORD CIR., WEST
MELBOURNE, FL 32935 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: S () Delete
Name: PARKHURST, MARIA
Address: 259 LOGGERBEND DR
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: DELGADO, AXEL
Address: 1761 WEKIVA DR
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: KEENE, MICHAEL
Address: 3069 PINEDA CROSSING DRIVE
City-St-Zip: MELBOURNE, FL 32940

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:

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: MICHAEL KEENE

D

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date