

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005316

FILED  
Jan 20, 2005  
Secretary of State

Entity Name: COMMONWEALTH CHRISTIAN ACADEMY, INC.

**Current Principal Place of Business:**

5231 S. NOVA RD.  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

5231 S. NOVA RD.  
PORT ORANGE, FL 32127

**New Mailing Address:**

FEI Number: 37-1491674

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KLEIN, THEODORE J ESQ.  
88 N.E. 168 ST.  
NORTH MIAMI BEACH, FL 33162 US

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

JOHNSON, STEPHEN E  
5231 SOUTH NOVA ROAD  
PORT ORANGE, FL 32127 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: STEPHEN E. JOHNSON

01/20/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: P,D ( ) Change (X) Addition  
Name: JOHNSON, STEPHEN E  
Address: 5231 SOUTH NOVA ROAD  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: S,D ( ) Change (X) Addition  
Name: JOHNSON, CAROL G  
Address: 5231 SOUTH NOVA ROAD  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: T,D ( ) Change (X) Addition  
Name: JOHNSON, TIMOTHY N  
Address: 5231 SOUTH NOVA ROAD  
City-St-Zip: PORT ORANGE, FL 32127 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHEN E JOHNSON

P,D

01/20/2005

Electronic Signature of Signing Officer or Director

Date