

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011879

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** MATANZAS CHRISTIAN ACADEMY PRIVATE SCHOOL SYSTEM, INC.

**Current Principal Place of Business:**

1518 OLIVE TREE CIRCLE  
GREENACRES, FL 33413

**New Principal Place of Business:**

**Current Mailing Address:**

1518 OLIVE TREE CIRCLE  
GREENACRES, FL 33413

**New Mailing Address:**

**FEI Number:** 45-4005307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEEWE, TAMMY  
1518 OLIVE TREE CIRCLE  
GREENACRES, FL 33413 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: P  
Name: LEEWE, TAMMY  
Address: 1518 OLIVE TREE CIRCLE  
City-St-Zip: GREENACRES, FL 33413

Title: VP  
Name: LEEWE, AARON  
Address: 1518 OLIVE TREE CIRCLE  
City-St-Zip: GREENACRES, FL 33413

Title: S  
Name: LEEWE, JAMES  
Address: 4056 PINE RUN CIRCLE  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: T  
Name: LEEWE, REBECCA  
Address: 4056 PINE RUN CIRCLE  
City-St-Zip: ST AUGUSTINE, FL 32086

I hereby 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 all other like empowered.

SIGNATURE: TAMMY LEEWE

MRS

04/13/2012

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

\_\_\_\_\_  
Date