

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21330

FILED
Apr 15, 2007
Secretary of State

Entity Name: FIRESIDE CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

8100 68TH STREET NORTH
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1607
PINELLAS PARK, FL 33780 US

New Mailing Address:

FEI Number: 59-2887884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIND, PATRICIA S
8100 68TH STREET NORTH
PINELLAS PARK, FL 33781 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: DP () Delete
Name: LIND, PATRICIA S
Address: 8100 68TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33781 US

Title: VP () Delete
Name: CORON, EDGAR,
Address: 29250 US 19 NORTH #453
City-St-Zip: CLEARWATER, FL 33761 US

Title: O () Delete
Name: GEUL, JUDY
Address: 2102 74 STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710 US

Title: T () Delete
Name: LABORN, WALLY,
Address: 51 PINDO PALM EAST
City-St-Zip: LARGO, FL 33770 US

Title: CS () Delete
Name: DEWEESE, NILA,
Address: 7292 62 AVENUE NORTH
City-St-Zip: PINELLAS PARK, FL 33781 US

Title: D () Delete
Name: SMITH, DOROTHE,
Address: 8100 68TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33781 US

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
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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 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: PATRICIA S. LIND

DP

04/15/2007

Electronic Signature of Signing Officer or Director

Date