

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001974

FILED
Jul 01, 2004
Secretary of State

Entity Name: COMMUNITY CHRISTIAN SCHOOL OF TALLAHASSEE, INC.

Current Principal Place of Business:

4859 KERRY FOREST PKWY
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

4859 KERRY FOREST PKWY
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 59-3312971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGERSINGER, THOMAS K
4859 KERRY FOREST PKWY
TALLAHASSEE, FL 32308 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: SD () Delete
Name: MITCHELL, ANN
Address: 4859 KERRY FOREST PKWY
City-St-Zip: TALLAHASSEE, FL 32309

Title: PD () Delete
Name: CHRISTMAS, STUART
Address: 4859 KERRY FOREST PKWY
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD () Delete
Name: MOTTICE, JOHN
Address: 4859 KERRY FOREST PKWY
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: DAVIDSON, SHARYN
Address: 4859 KERRY FOREST PKWY
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD (X) Change () Addition
Name: SCARINGE, MIKE
Address: 4859 KERRY FOREST PKWY
City-St-Zip: TALLAHASSEE, FL 32309

Title: PD (X) Change () Addition
Name: MOTTICE, JOHN
Address: 4859 KERRY FOREST PKWY
City-St-Zip: TALLAHASSEE, FL 32309

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: JOHN MOTTICE

PD

07/01/2004

Electronic Signature of Signing Officer or Director

Date