

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001974

FILED
Apr 15, 2008
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:

LEONARD, DEBORAH K
4859 KERRY FOREST PKWY
TALLAHASSEE, FL 32309 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: YEATTS, ROBYN
Address: 4859 KERRY FOREST PKWY
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: VD () Delete
Name: CONNOR, CHRIS
Address: 4859 KERRY FOREST PKWY
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: ARGERSINGER, THOMAS
Address: 4859 KERRY FOREST PARKWAY
City-St-Zip: TALLAHASSEE, FL 32309

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: VD (X) Change () Addition
Name: PRUTSMAN, KIMBERLY
Address: 4859 KERRY FOREST PKWY
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Change () Addition
Name: ARGERSINGER, THOMAS K
Address: 4859 KERRY FOREST PARKWAY
City-St-Zip: TALLAHASSEE, FL 32309

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: THOMAS K. ARGERSINGER

D

04/15/2008

Electronic Signature of Signing Officer or Director

Date