

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004758

FILED
Mar 25, 2009
Secretary of State

Entity Name: CHRISTIAN INSTITUTE OF ARTS & SCIENCES, INC.

Current Principal Place of Business:

6100 W. FAIRFIELD DR.
SUITE H
PENSACOLA, FL 32506

New Principal Place of Business:

2007 N 61ST AVE
PENSACOLA, FL 32506

Current Mailing Address:

2012 NORTH 61ST AVE
PENSACOLA, FL 325063462

New Mailing Address:

2007 N 61ST AVE
PENSACOLA, FL 32506

FEI Number: 59-3607032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, JULIE B
2012 NORTH 61ST AVE
PENSACOLA, FL 325063462 US

Name and Address of New Registered Agent:

JONES, JULIE B
2012 N 61ST AVE
PENSACOLA, FL 325063462 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: _____

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, JULIE B
Address: 2012 N 61 AVE
City-St-Zip: PENSACOLA, FL 32506

Title: VD () Delete
Name: JONES, D. PATRICK
Address: 2012 N 61 AVE
City-St-Zip: PENSACOLA, FL 32506

Title: STD () Delete
Name: JONES, MARY E
Address: 2110 N 61 AVE.
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTD (X) Change () Addition
Name: JONES, MARY E
Address: 2110 N 61 AVE
City-St-Zip: PENSACOLA, FL 32506

Title: SD (X) Change () Addition
Name: JONES, PATRICIA A
Address: 2012 N 61 AVE.
City-St-Zip: PENSACOLA, FL 32506

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: MARY E. JONES

VTD

03/25/2009

Electronic Signature of Signing Officer or Director

Date