## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#736205** 

Entity Name: WESTWOOD CHRISTIAN SCHOOL, INC.

FILED Jan 14, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

920 11TH ST. S.W. LIVE OAK, FL 320603604

Current Mailing Address: New Mailing Address:

920 11TH ST. S.W. LIVE OAK, FL 32064

FEI Number: 59-1698760 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BURLEY, JOHN BURLEY, JOHN CHAIRMA 9446 141ST LANE
LIVE OAK, FL 32060 US LIVE OAK, FL 32060 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: JOHN BURLEY 01/14/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 DEAS, JIMMY
 Name:
 DEAS, JIMMY MR.

 Address:
 920 SW 11TH STREET
 Address:
 920 SW 11TH STREET

 City-St-Zip:
 LIVE OAK, FL 32060
 City-St-Zip:
 LIVE OAK, FL 32060

Title: CD ( ) Delete Title: C (X) Change ( ) Addition Name: BURLEY, JOHN MR. BURLEY, JOHN MR.

 Name:
 BURLEY, JOHN
 Name:
 BURLEY, JOHN MR.

 Address:
 9446 141ST LANE
 9446 141ST LANE

 City-St-Zip:
 LIVE OAK, FL 32060
 City-St-Zip:
 LIVE OAK, FL 32060

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

 Name:
 BURLEY, JOHN
 Name:
 BILLUPS, RANDY MR.

 Address:
 9446 191ST LN
 Address:
 910 ICHETUCKNEE ROAD

 City-St-Zip:
 LIVE OAK, FL 32060
 City-St-Zip:
 LIVE OAK, FL 32060

Title: D ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 HANCOCK, KAREN
 Name:
 HANCOCK, KAREN MRS.

 Address:
 15535 76TH STREET
 Address:
 15535 76TH STREET

 City-St-Zip:
 LIVE OAK, FL 32060
 City-St-Zip:
 LIVE OAK, FL 32060

Title: T ( ) Delete Title: T (X) Change ( ) Addition Name: KELMAN, ROBIN Name: MILLS, GAIL

 Name:
 KELMAN, ROBIN
 Name:
 MILLS, GAIL

 Address:
 20720 76TH STREET
 Address:
 12780 86TH TERRACE

City-St-Zip: LIVE OAK, FL 32060 City-St-Zip: LIVE OAK, FL 32060

Title: AD ( ) Delete Title: DR (X) Change ( ) Addition

 Name:
 PEACE, PAM,
 Name:
 CHASTAIN, DOUG MR.

 Address:
 900 PEARL AVENUE
 Address:
 8863 141ST LANE

 City-St-Zip:
 LIVE OAK, FL
 City-St-Zip:
 LIVE OAK, FL 32064

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 BURLEY C 01/14/2004