2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

DOCUMENT# 736205

Entity Name: WESTWOOD CHRISTIAN SCHOOL, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

FERREIRA, PATTI CHAIRMA
11219 HOGAN ROAD
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

BURLEY, JOHN CHAIRMA
9446 141ST LANE
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 01/22/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DEAS, JIMMY MR.
Address: 920 SW 11TH STREET
City-St-Zip: LIVE OAK, FL 32064

Title: D ( ) Delete
Name: BURLEY, JOHN MR.
Address: 9446 141ST LANE
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete
Name: GILL, ALLISON MRS
Address: 405 PINE AVENUE
City-St-Zip: LIVE OAK, FL 32064

Title: SEC ( ) Delete
Name: FRIER, KERRI MRS.
Address: 7264 65TH DRIVE
City-St-Zip: LIVE OAK, FL 32060

Title: T ( ) Delete
Name: PENNINGTON, PAULA
Address: 7087 CTY ROAD 249
City-St-Zip: LIVE OAK, FL 32060

Title: DR ( ) Delete
Name: SWEAT, CHARLES MR
Address: 13373 CR 136
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: THRASHER, WILLIAM MR.
Address: 1010 COLSEUM AVENUE
City-St-Zip: LIVE OAK, FL 32064

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

Title: SEC (X) Change ( ) Addition
Name: MCCULLERS, JIMMY MR
Address: 1212 IRVIN STREET
City-St-Zip: LIVE OAK, FL 32064

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 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: JJOHN BURLEY CHR 01/22/2008
Electronic Signature of Signing Officer or Director Date