2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011679

FILED Jan 09, 2009 Secretary of State

Entity Name: CHRISTOPHER COLUMBUS HIGH SCHOOL, INC.

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
000 SW MAMI, FL	87TH AVE 33165				
current Mailing Address:		New Mailing Addr	ess:		
000 SW IIAMI, FL	87TH AVE . 33165				
El Numbe	: 59-0855391 FEI Num	ber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
lame and	d Address of Current Ro	gistered Agent:	Name and Address	s of New Registered Agent:	
	DE, KEVIN 87TH AVE . 33165 US				
	e named entity submits th e of Florida.	is statement for the	purpose of changing its registe	ered office or registered agent, or both	
SIGNATU	RE:				
	Electronic Signatu	re of Registered Ag	ent	Date	
DFFICERS AND DIRECTORS:		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
itle: ame: ddress: ity-St-Zip:	D () Delete KLEIN, JOHN 1241 KENNEDY BLVD BAYONNE, NJ 07002		Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: ame: ddress: ity-St-Zip:	D () Delete HAMMER, HANK 1241 KENNEDY BLVD BAYONNE, NJ 07002		Title: Name: Address: City-St-Zip:	() Change () Addition	
			Title:	() Change () Addition	
itle: ame: ddress: ity-St-Zip:	D () Delete BISSON, DONALD PO BOX 242 ESOPUS, NY 12429		Name: Address: City-St-Zip:		
tle: ame: ddress:	BISSON, DONALD PO BOX 242		Address:	()Change()Addition	
tle: ame: ddress: ity-St-Zip: tle: ame: ddress:	BISSON, DONALD PO BOX 242 ESOPUS, NY 12429 D () Delete MCDONNELL, JOHN 153 AVENUE C	11	Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

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: DWIGHT PEARCE TREA 01/09/2009