

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000012265

Entity Name: MARKHAM WOODS CHRISTIAN ACADEMY, INC.**Current Principal Place of Business:**1675 DIXON ROAD
LONGWOOD, FL 32779**Current Mailing Address:**1675 DIXON ROAD
LONGWOOD, FL 32779 US**FEI Number:** 61-1581110**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DEBBIE CASON
1675 DIXON ROAD
LONGWOOD, FL 32779 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|-------------------|
| Title | P |
| Name | JOHNSON, RONALD |
| Address | 1675 DIXON ROAD |
| City-State-Zip: | LONGWOOD FL 32779 |

| | |
|-----------------|-------------------|
| Title | BOARD MEMBER |
| Name | DOWNEY, PAUL |
| Address | 1675 DIXON ROAD |
| City-State-Zip: | LONGWOOD FL 32779 |

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|-----------------|-------------------|
| Title | BOARD MEMBER |
| Name | PATENAUE, TOM |
| Address | 1675 DIXON ROAD |
| City-State-Zip: | LONGWOOD FL 32779 |

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|-----------------|-------------------|
| Title | BOARD MEMBER |
| Name | POLOZOLA, MARK |
| Address | 1675 DIXON ROAD |
| City-State-Zip: | LONGWOOD FL 32779 |

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|-----------------|-------------------|
| Title | S |
| Name | DUMAS, HENRY |
| Address | 1675 DIXON ROAD |
| City-State-Zip: | LONGWOOD FL 32779 |

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|-----------------|-------------------|
| Title | BOARD MEMBER |
| Name | FIDALGO, LUCINDO |
| Address | 1675 DIXON ROAD |
| City-State-Zip: | LONGWOOD FL 32779 |

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|-----------------|-------------------|
| Title | BOARD MEMBER |
| Name | KING, MIKE |
| Address | 1675 DIXON ROAD |
| City-State-Zip: | LONGWOOD FL 32779 |

| | |
|-----------------|---------------------|
| Title | ADMISSIONS DIRECTOR |
| Name | CASON, DEBBIE |
| Address | 1675 DIXON ROAD |
| City-State-Zip: | LONGWOOD FL 32779 |

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I hereby 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 all other like empowered.

SIGNATURE: DEBBIE CASON**ADMISSIONS DIRECTOR****04/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

| | |
|-----------------|-------------------|
| Title | HEADMASTER |
| Name | CAMPBELL, KRISTIN |
| Address | 1675 DIXON ROAD |
| City-State-Zip: | LONGWOOD FL 32779 |