

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000011879

**FILED**  
**Mar 08, 2013**  
**Secretary of State**  
**CC2368046063**

**Entity Name:** MATANZAS CHRISTIAN ACADEMY PRIVATE SCHOOL SYSTEM, INC.

**Current Principal Place of Business:**

4056 PINE RUN CIRCLE  
SAINT AUGUSTINE, FL 32086

**Current Mailing Address:**

4255 US HWY 1 SOUTH  
SUITE 18  
SAINT AUGUSTINE, FL 32086 US

**FEI Number: 45-4005307**

**Certificate of Status Desired: No**

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

LEEWE, TAMMY  
1518 OLIVE TREE CIRCLE  
GREENACRES, FL 33413 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           TREASURER  
Name           LEEWE, TAMMY  
Address        1518 OLIVE TREE CIRCLE  
City-State-Zip: GREENACRES FL 33413

Title           VP  
Name           LEEWE, AARON  
Address        1518 OLIVE TREE CIRCLE  
City-State-Zip: GREENACRES FL 33413

Title           S  
Name           LEEWE, JAMES  
Address        4056 PINE RUN CIRCLE  
City-State-Zip: ST AUGUSTINE FL 32086

Title           DIRECTOR  
Name           LEEWE, REBECCA  
Address        4056 PINE RUN CIRCLE  
City-State-Zip: ST AUGUSTINE FL 32086

*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: REBECCA S LEEWE**

**DIRECTOR**

**03/08/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date