2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704561

FILED Jun 02, 2005 Secretary of State

Entity Name: TEMPLE HEIGHTS CHRISTIAN SCHOOLS, INC.

Current Principal Place of Business:		New Principal Place of Business:	
8406 46TH STREET TAMPA, FL 33617			
Current Mailing Address:		New Mailing Address:	
8406 46TH STREET TAMPA, FL 33617			
FEI Number: 59-0872965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
WIGTON, JAMES H REV. 15103 NIGHTHAWK DRIVE TAMPA, FL 33625 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
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () Delete WIGTON, JAMES H REV. 15103 NIGHTHAWK DR TAMPA, FL 33625	Title: () Cha Name: Address: City-St-Zip:	nge () Addition
Title: Name: Address: City-St-Zip:	DIR () Delete BUCK, HOWARD W 8017 SHARON DRIVE TAMPA, FL 33617	Title: () Cha Name: Address: City-St-Zip:	nge () Addition
Title: Name: Address: City-St-Zip:	DIR () Delete SANFORD, EVELYN T 309 W. LOUISIANA AVE TAMPA, FL 33604	Title: () Cha Name: Address: City-St-Zip:	nge () Addition
Title: Name: Address: City-St-Zip:	DIR (X) Delete LEWIS, STEVEN L 4712 FRITZKE RD. DOVER, FL 33527	Title: () Cha Name: Address: City-St-Zip:	nge () Addition
Title: Name: Address: City-St-Zip:	DIR () Delete O'BERRY, KYLE 7113 COVE PLACE TAMPA, FL 33617	Title: () Cha Name: Address: City-St-Zip:	nge () Addition
Title: Name: Address: City-St-Zip:	DIR () Delete SUSIE, KINSEY 4820 E. REGNAS AVENUE TAMPA, FL 33617	Title: () Cha Name: Address: City-St-Zip:	nge () Addition
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.			

Electronic Signature of Signing Officer or Director

SIGNATURE: JAMES WIGTON

06/02/2005 Date

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